MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Wistrict ontgomers olum bia b. CITY OR TOWN (If obtaide corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5 days Cushin Koma d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? L0119 YES NO K NAME OF 4. DATE Yeor DECEASED (Type or print) DEATH 1958 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9, AGE (In years last birthday) Months Days Hours DIVORCED WIDOWED TO yes. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) own home House witz 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME rown 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which cars gove rise to immediate DUE TO cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour o. m. Nat while of work of work 21. I certify that I attended the deceased from Many ... 1920, that I last saw the deceased and that death accurred at Libba M. from the causes and an the date stated above. alive an _/_ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SAMUEL M. BAGEANI

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23. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

BURIAL

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY FI'. LINCOLN CEMETERY 22d. LOCATION (City, town, or county) PRINCE GEO. COUNTY. MD.

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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ATTENDING PHYSICIAN: The Taw requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13898 CERTIFICATE OF DEATH

					Keg. Dis	1, 140,
1. PLACE OF DEATH a. COUNTY	Hontg	MARYLAND	2. USUAL RESIDENCE (WI		h COUNTY	ne before admission)
b. CITY OR TOWN RURAL and give	(If autside corporate limits, writ	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li	mits, write RURAL and g	ive nearest tawn)
	ngtonGrove.	4 Jyrs	X Washingt	onGrove		
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, give stre	eet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	First	Middle H	Achenbach	4. DATE OF DEATH	Month Dec 25	Day Year
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AC	A. L. oth david	YEAR IF UNDER 24 HRS.
ale	White woo	OWED DIVORCED	arch 1st	1870	yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION during most of wo	rking life, even if refired)	0b. KIND OF BUSINESS OR INDU	Penn.	ar foreign country		ZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Will	iam Achenbac	i la companya di santa di sant	Annie	V. Harr	ar	
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		irs Joseph 1	. Rams	on Te	n entonio
Conditions, if gave rise to cause (o), stoting lying cause last.	immediate DUE TO	Heart Chronic eneralized	Myocar Ryocar	rdit,	s.	ONSET AND DEATH
ІСАТІ		IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20b. D G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af	item 18.)	
20c. TIME OF INJU Hour a. m. p. m.	Wh		ACE OF INJURY (Home, farm ctary, street, office bldg., etc.	20f. (City or to	wn) (C	aunty) (State)
21. I certify to alive an	hat lattended the dece	1-6		2/23 P.M. from the ADDRESS (Street, o	causes and on th	ast saw the decease the date stated above DATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETERY C	4	22d. LOCATION	City, town, or county)	(State)
23. FUNERAL DIRECTOR		aithersburg.	24a. REC'	D BY REGISTRAR	24b. REGISTRAR'S SIG	

by the haspital ar attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by delached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to burial, cremation, ar removal, and in any event within 72 perms after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13299

CERTIFICATE OF DEATH

13849

2000	CERTITION	IL OI DEAII		Reg. Dist. No.
PLACE OF DEATH o. COUNTY NONTYLONEDY	MARYLAND	o. STATE	b. COUNT	
b. CITY OR TOWN (If outside corporate limits, write c.	LENGTH OF STAY IN 16	MARYLAND		NTGOMERY RURAL and give nearest town)
RURAL and give neorest town)	LENGTH OF STAT IN 18	c. citi ok towiy jir c	orside corpordie iliniis, write	ROKAL and give nearest lawn)
RURAL ROCKVILLE.	3½ yrs.	> BETHESDA		
 NAME OF HOSPITAL (If not in haspital, give street addr OR INSTITUTION 	ess)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
WAVERLY SANITARTIM		8617 LANCA	STER DRIVE	YES NO X
NAME OF First DECEASED	Middle	Last	4. DATE M	lanth Day Year
(Type or print) LULU M. AILES			DECEMB DECEMB	ER 6 1958
	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE WHITE WIDOWED			lost birthday	Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. KIN		TRY 11 RIPTHPLACE (State		12. CITIZEN OF WHAT COUNTE
during most of working life, even if refired)	D OF BUSHIESS OK 114003		or foreign country)	12. CHIZEN OF WHAT COUNTY
SCHOOL TRACHER, retired		OHIO		U.S.A.
B. FATHER'S NAME		14. MOTHER'S MAIDEN I	IAME	
HEZEKIAH S. AILES		JANE ELLI	OTT	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, no. or unknown) (If yes, give wor or dates of service)	IAL SECURITY NO. 17. IN	IFORMANT	Ar	ddress MB.
NO	CH	ARLES C. AIL	ES. 8617 LANC	ASTER DR. BETHESDA
18. CAUSE OF DEATH [Enter only one cause per line for	or (a), (b), and (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1 pm pla	none	win tour	ONSET AND DEATH
337 / IMMEDIATE CAUSE (o)	000	recento	nuce com	unal 29 kg
DUE TO	. 0 -	0 40	0 ,	1 2
Conditions, if any, which gove rise to immediate (b)	regrae	Spron	LAGTES	3 gra
casse (a), stoling the under-				0
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION C	SIVEN IN PART 1(a) 19. WAS AUTOPSY
1191X				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CON 49/X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Part II of item 18.)	
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	OCCUPATO DO BLA	CE OF BUILDY III (-	Loor voi:	
Hour o. m. While		CE OF INJURY IHome, farm tary, street, affice bldg., etc		(Caunty) (State
p. m. 19 at wark	of work			
21. I certify that I ottended the deceased	from 1-15	, 19 <i>50</i> , to	12-6 195	Sthat I last saw the deceas
alive on 12-4 1958				and an the date stated abo
	-,-, dila moi deam		ADDRESS (Street, city or law	
ACTUAL HEDOO	2.00.	1 P =	256:10 80	24115 17-1
SIGNATURE	en e	A.D	Jegen	120
PHYSICIAN'S HILL CA	RTER	2	Wasking	ton De
20. BURIAL, CREMATION, 226. DATE THEREOF 22	C. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, fown	n, or county) (State)
REMOVAL (Specify) CREMATION DEC. 8.1958	FORT LINCOLN	CDEMATODY	PRINCE GEORG	GE'S CO. MD.
3. FUNERAN BISECTOR STICHTURE PHREY INC	ADDRESS			GISTRAR'S SIGNATURE
Roumma, a. Riska				
	Silver Spri	ME , MU . DATE F	C1 0.158	71.04

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. It any delay	3 3 to the fund	may be retoir	with the Stat	ours after deat			
irs ofter death.	oges 1, 2, ond	PM3. Page 5	ages I and 2	Il within 72 ho	M	1)
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ote should	ni puipi	Examiner	ed as a bu	nation, or			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13850

13300	Reg. Dist. No.
), PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY MUNTEDMENS MARYLAND	o. STATE mol b. COUNTY monte
b. CITY OR TOWN III outside corporate limits, write RURAY C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
and give negresi town)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Poolesville 2.7. D.	Povervel 12.7.1. YES NO 1
3. NAME OF DECEASED P First Middle	Lost 4. DATE Month Day Year
(Type or print) & olivin Ruthrim Col	DEATH DO. 20 1950
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	DATE OF BIRTH 9. AGE (In years IFUNDER 1YEAR IF UNDER 24 HRS.
hand WIDOWED DIVORCED	5-96-1899 (and birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	V - 1012
during most of working life, even if retired)	md ansa
famer Owner	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin allmutt	Come Chiswell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (If yes, give wor or doles of service)	NFORMANT Address
m	re Carrie Celly of (wit) Ilun 2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL DETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1420, 1 DIE TO	rellusion sudden
Conditions, if ony, which gove rise to immediate couse	
(o), stating the underlying DUE TO	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES \(\text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\texit{\text{\text{\text{\text{\text{\texict{\text{\texi{\text{\texi\text{\texit{\texi\texi{\texit{\texi\tin\texi{\texi{\texi{\texit{\te
	Enter nature of injury in Part I or Part II of item 18.)
	CE OF INJURY (Hame, farm, 120f. (City ar town) (Caunty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While Nat while facth of work of work	CE OF INJURY (Hame, farm, 1 20f. (City ar town) (County) (State) ary, street, office bldg., etc.)
p. m. 19 at work at work	
21. I certify that I taak charge of the remains described abo	ive, held an Autopsy 🔲, Inspection 🔀 Inquiry 💢, and in my
opinion death resulted fram: Natural causes 💭, Accident [, Suicide , Homicide , Undetermined manner
ACTUAL OF IN B. & A	DATE SIGNED
SIGNATURE TRANK ! I SWELLOUT	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S	ASSISTANT MEDICAL EXAMINER () DEPLITY MEDICAL EXAMINER (2) 12-29-58
NAME (Type) FLANK J. Broschart	DEPUTY MEDICAL EXAMINER DE 12-27-38
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 12/31/58 Monocacy	Beallsville, Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
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VS. A15ME SM 2/57

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IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVALBETWEEN ONSET AND DEATH

> PEREDRMED? YEAT NO T

> > (Stote)

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(County)

ON A FARM? YES NO D

Year

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Reg. Dist. No.

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UNERAL DIRECTOR'S SIGNATURE	316 EDS amond Are	240. REC'D BY REGISTRAR	246. REGISTRAR'S SIGNATURE
Vactor	Gaithers burg md	DATE EC 2 2 '58	arthur S. Kraus
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13851 **CERTIFICATE OF DEATH** 13901 Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY Filed b. COUNTY Montgomery Maryland Montgomery MARYLAND ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda hours Gaithersburg d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Route YES NO Z 2 G NAME OF First Middle 4. DATE Month Doy Year DECEASED 19 58 Baby Girl Newborn) Anderson December 17. (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A 9, AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Davs 29 12716/58 Female White WIDOWED [DIVORCED [papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) Maryland U.S.A. carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Peggy Louise Pritchard Russel Anderson move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Addres ROUTE Peggy Louise Pritchard Gaithersburg, Md. No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO à Conditions, if ony, which (b) gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES INO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) õ 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from 12-16 , 1958, to 12-17 , 1958, that I last saw the deceased , 19<u>52</u>, and that death accurred at______M, from the causes and an the date stated above. OR: ADDRESS (Street, city or town, stote) DATE SIGNED antov MO 470 ACTUAL should FUNERAL Coage 3 should PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (Stote) REMOVAL (Specify) Ceme 0% 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR

VS A15 (4) ISM 10/S7

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death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13905 **CERTIFICATE OF DEATH**

1. PLACE OF DEATH a. COUNTY MONTGOME:	ry		MARYLANI		USUAL RESI	DENCE (Wh	ere deceased	d lived. If institution has ACCUNIX	on: Residence	e before admission)	
RURAL ond give i	(If autside carporate limit	is, write	c. LENGTH OF STAY IN 11	b			utside carpo	rote limits, write R			V
OR INSTITUTION	(Rural) ITAL (If not in hospitol, g val Hospital		2 days		d. STREET A	DDRESS	aw St	la de la companya de	3 X - 3	e. IS RESIDEN ON A FAR YES TO NO	RM?
3. NAME OF DECEASED (Type or print)	Fire		Middle (n)		BALL		4. DATE OF DEATH	Mon Decemi		Day Yeor	
5. SEX Male	6. COLOR OR RACE Caucasian		HED NEVER MARRIED	_	7-28-19			9. AGE (In years lost birthdoy) 39 yrs.	IF UNDER 1	YEAR IF UNDER 24	
Mail Cle:	ON (Give kind of work orking life, even if retired)	lane 10b.	KIND OF BUSINESS OR INI	DUSTRY	11. BIRTHPL	ACE (Stote				S.A.	UNTRY
13. FATHER'S NAME	DATT			1	4. MOTHER'S			5 48			
Osburne 15. WAS DECEASED EV (Yes, no. or unknown) yes	ER IN U. S. ARMED FORG	HVICE)			RMANT	LEWIS		Adde		#2 above	
526X Conditions, if a gove rise to couse (o), stoting	DUE TO Dany, which (b) immediate DUE TO	Cor	te pulmonary							2-3 hours	: :s
CAI	HER SIGNIFICANT CON	OITIONS C	ONIC BYONCHIE ONTRIBUTING TO DEATH B CRIBE HOW INJURY OCCUR	ON TUI	T RELATED TO				EN IN PART	5-10 yr (a) 19. WAS AUTO PERFORMEI YES X NO	DPSY D7
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yea	20d. It While of world	AJURY OCCURRED 20e. Not while of work	PLACE factory	OF INJURY (I	Home, form bldg., etc.	20f. (City	or town)			Stote)
21. I certify to alive an De ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	June	_, 12_5 G	ed from Decembe:	th ac	U.S.	9:15A Nava	M, fram ADDRESS (State 1 Hos	18, 1958 the causes a reet city or town. pital, No	ind an the	ost saw the dec e date stated a DATE S 12-18-	abave SIGNE
Burial Specify		F I	22c. NAME OF CEMETERY Arlington					ion (City, town, o		(Stote) rginia	
W. W. Chambe	1201011	Pst	ADDRESS NW Washing	ton	TOC	240. REC'E		RAR 24b. REGIS	- 1 -		

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files. Heolth, 0 5 delay is n e funeral retained 00 ofe ofter with 1 50 Page 1 Give Pages 1h form PM3. poges 40 olong , pencil in l buriol-trans the word "pending" in particle Knowiner's 3 should be used as a buril to burial, cremation, or r DIRECTOR: he c design 4 should

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VS. A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1390 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13856

Reg. Dist. No. 215 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY District of Columbia MARYLAND Montgomery b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) and give peores! lown) Bethesda (Rural) DOA Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 2800 Quebec St., N.W. YES NO X U. S. Naval Hospital NAME OF DATE Middle Year DECEASED 19 58 (Type or print) DEATH Effie BARNES December McCumber 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Hours WIDOWED TY DIVORCED Female Caucasian 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Minn. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna FULLER Robert B. MC CUMBER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If yes, give war or dates of service Son, Robert McC. Barnes, same as #2 above No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) Found dead ih DUE TO bed at home Coronary sclerosis Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stale) factory, street, office bldg., etc.) Hour at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection | ond in my opinion death resulted from: Notural couses v. Accident . Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 12-8-58 **EXAMINER'S** Frank Broschart, M.D. DEPUTY MEDICAL EXAMINER IX NAME (Type) 220. BURIAL, CREMATION, 225.) DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMODAL (Specify) Suitland Md. Oremation Cedar Hill FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DEC 1 0 '58 Orthur S. Kraus Funeral Home, Bethesda, Md.

. TABLE CARE DESIGNATION OF Be. Hoven Board Horn, Harrison, Martine , dance of courts . . R vergosort mate March Time tales | Office | colemn to e. a. realitative anexast face, incarate, inc.

Reg. Dist. No.

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b. CITY OR TO	OWN (If outsi	de corporote limi town) ARK	ts, write	c. LENGTH OF STAY IN	1b 5	c. CITY OR T		utside corpo ER SPR	rote limits, wri	e RURA	AL and give	e nearest l	own)
d. NAME OF I	ITION '	not in hospitol, a		oddress) & HOSPITAL	1/2	d. STREET AL		IAN RO	AD			0	RESIDENCE N A FARM? NO A
3. NAME OF DECEASED (Type or print)	1	HARRI	'5	Middle WHIPPL	EE	Lost BARNL		4. DATE OF DEATH		Month DEC		Day 31	Year 19 58
5. SEX MALE		OLOR OR RACE WHITE	7. MAR	RIED NEVER MARRIED	3.0	ATE OF BIRTH			9. AGE (In yellost birthdo	ors IF		YEAR IF U	NDER 24 HRS
10a. USUAL OCC during most ANALYST	of working lif	e, even if retired)	U. S. Gov		11. BIRTHPL		or foreign c	ountry)			J.S.A	HAT COUNTR
13. FATHER'S NA	ME				14	. MOTHER'S	MAIDEN N	AME					
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15. WAS DECEAS (Yes, no. or unknown) NO		J. S. ARMED FOR			Mrs.		A. Ba	er num	10324 Silve			3/3	BETWEEN
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220. BURIAL, CRE REMOVAL (S ENTOMBI	pecify)	26. DATE THEREC)F	FT NAME OF CEMET	MAU	SOLEUM			TION (City, too				Stote)
23. FUNERAL DIR WARNER ROUM		MEHREY,	INC.	SILVER SP	RING	MD.	240. REC'D	N 2			AR'S SIGN		

NTTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4. O FUNERAL DISCIPOR. After this certificate has been signed by the ottending physician and completely filled in by runeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR TO FUNERAL DI

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF BEATH

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•. IS RESIDENCE ON A FARM? YES NO

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		2. USUAL RESIDEN	CE (Where deceased liv		e before admission)
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n hospital, give street oddress)		d. STREET ADDI	RESS	7	e. IS RESIDE
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Por Govit as	dministrati	on V	rainio		USA
- /		14. MOTHER'S MA	IDEN HAME		
B. Batma	h	Fran	ces Kibi	ler	
				Address	
	s Mrs	. Beryl F	. Batman, 6	309 Bonifant	St.
only one couse per line for (c	o), (b), and (c).]		/ / / / / / / / / / / / / / / / / / / /	ilver Spring	HINTERVAL BETWI
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THIBADEAU		Silve	v Spring	a Md.	
ATE THEREOF 122c. 1	NAME OF CEMETERY C	R CREMATORY	22d. LOCATION	N (City, town, or county)	(State)
24/58 Beal	nm's Chape.	Cemetery	Luray.		
RE. A	DDRESS .	24			NATURE
EY INC	liver Sprin	ng, Md.		arthur S.	Traus.
	proportion limits, write C. LEN 2.	MARYLAND Orportole limits, write C. LENGTH OF STAY IN 1b 2½weeks in hospital, give street oddress) Hariumy Hosp. Tk. Pk. Md First Middle Connor Burver MARRIED NEVER MARRIED WIDOWED DIVORCED ind of work done 10b, KIND OF BUSINESS OR INDU ven if reliced Small Dust ness administrati Bafman ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19 AUSE 10 LOS CONTRIBUTING TO DEATH BUT TE CAUSE (0) Cascumgen Contribution of Death But (c) FICANT CONDITIONS CONTRIBUTING TO DEATH BUT END CONTRIBUTION OCCURRED While Not while of work of wor	MARYLAND 2. USUAL RESIDEN O. STATE O. STATE O. STATE M. C. CITY OR TOW 2. WEEKS In hospital, give street oddress) A. STREET ADDI A. STREET ADDI A. STREET ADDI A. STREET ADDI B. DATE OF BIRTH WIDOWED DIVORED IN DATE OF BIRTH WIDOWED DIVORED I. A. B. DATE OF BIRTH WIDOWED II. BIRTHPLACE II. BIRTHPLACE III. MOTHER'S MA III. BIRTHPLACE III.	MARYLAND 2. USUAL RESIDENCE (Where deceased limbs of STATE M. d. o. STATE M. d. o. STATE M. d. c. CITY OR TOWN (If outside corporate State of No. STATE M. d. street oddress) d. STREET ADDRESS. d. STREET ADDRESS. d. STREET ADDRESS. first Middle CO N N O V R OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH P. WIDOWED DIVINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign coun admit not stration with respect to the street of the stole of street admit not stration with respect to the street of the street o	MARYLAND 2. USUAL RESIDENCE (Whore deceased lived. If institution: Residence of STATE Month S. COUNTY Month C. CITY OR TOWN (If outside corporate limits, write RURAL and go of STATE Month C. CITY OR TOWN (If outside corporate limits, write RURAL and go of STATE Month C. CITY OR TOWN (If outside corporate limits, write RURAL and go of STATE Month C. CITY OR TOWN (If outside corporate limits, write RURAL and go of STATE Month C. CITY OR TOWN (If outside corporate limits, write RURAL and go of STATE Month C. CITY OR TOWN (If outside corporate limits, write RURAL and go of STATE Month C. CITY OR TOWN (If outside corporate limits, write RURAL and go of STATE Month S. LATE Month S. LATE Month S. LATE Month S. LATE Month DEATH Month DEATH Month DEATH Month DEATH Month Month S. LATE Month Month S. LATE Month Month

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 1

AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours yrs. 12. CITIZEN OF WHAT COUNTRY? Address 09 Bonifant St. ilver Spring HNTERVAL BETWEEN ONSET AND DEATH ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19 of item 18.) (Stote) town) (County) 2. 1957, that I last saw the deceased he causes and on the date stated abave. city or town, stole) (City, town, or county) (State) Virginia 24b. REGISTRAR'S SIGNATURE Orthur S. Kraus

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FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be exacuted within 24 hours after death. If any delay is necessary, please execute the carrier, withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral arrivor. Page 4 should be followed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for Jur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are first designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13907

Reg. Dist. No.13859

•		PLACE OF DEATH			2. USUAL RESIDENCE	Where deceased lived. If institution	on: Residence before or	dmission)
1		m	ontyoner	MARYLAND	o. STATE me	b. COUNTY	moneter	
	b		pulside forporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate limits, write R	URAL and give hearest	town)
1		Ruelen	the (runal)	6 mo	X Rock	-00. Co.	.201	
	d	. NAME OF HOSPITA		n hospital, give street address)	d. STREET ADDRESS	viere fru	e. 15	RESIDENCE
3		River	Rd. D-		Ria	0-1		N A FARM?
	3. !	NAME OF	First	Middle	Lost	4. DATE Month		
		DECEASED (Type or print)	21	G. 17		OF DEATH / 2	Doy	Yeor
	5, 5		6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED B.	DATE OF BIRTH	14-1	FUNDER TYEAR IF UP	1958
		9.	1			The state of the s	Months Days Hour	
	100	AISHAL OCCUPATION	1 WMC	0b. KIND OF BUSINESS OR INDUST		yrs.	2 16	
1	d	uring most of working	life, even if refired)	Committee of the Control of the Cont		a or foreign country)	12. CITIZEN OF WH	
)		housem	aid 4	ractical Nurse	N.Y.		1. S. C	2
/	13.	Fred Pe	rrotte		14. MOTHER'S MAIDEN	V Sacteau (LII	LIAN FACT	EATT)
							JAME I HOI.	LIAO /
			R IN U. S. ARMED FORCES? Ill yes, give wor or dates of service)		FORMANT Daug			
H		No		579-48-7196irs	.Robert A.	. Walde, Pitt	sburgh, P	enna.
		74	H [Enter only one couse per	line for (o), (b), and (c).	•		INTERVAL BET	TWFFN DFATH
			H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Formary Occ	lusion		12	I dead
		420.1	DUE TO				-	Li-1
	6	Conditions, if an	y, which) (b)					
		gove rise to immed	iote couse					
И		(o), stating the u	(c)					
	Z	PART II, OTH		IS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(0) 19, WA	S AUTOPSY
)	CERTIFICATION	- FEBRUARY						FORMED?
	IFIC	200. EXTERNAL CAU	SE WAS 20b. DES	CRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Par	rt I or Port II of item 18.)	1125	1 140 (28)
	E CE	PRIMARY OF CON	ITRIBUTING [
e	3	20c. TIME OF INJUR	Y Month, Doy, Yeor	ROD. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, for	m. 1 20f. (City or town)	(County)	(State)
	MEDICAL	Hour e.m. p.m.		While Not while facto	ry, street, office bldg., etc	.)		()
	~			he remains described above	ve held an Auton	v 🗖 Janacetica 🕅	1	
								and in my
		opinion aeain i	resulted fram: Natur	al causes X, Accident L		Homicide [], Undetern	mined manner L]
		ACTUAL 7	. 11 0 -		CHIEF HERMAN EN		DATE	E SIGNED
		SIGNATURE	and for Dro.	rhait	_M.D. CHIEF MEDICAL E			
3		EXAMINER'S		n.	ASSISTANT MEDIC	/7.	- 25-58	1
		NAME (Type)	MNK Y	Broschart	DEPUTY MEDICAL	EXAMINER 🖂		
	B	REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, lown, or	county) (St	ate)
		urlal	12-30-58	Glenwood		Washington,		
	23.	FUNERAL DIRECTOR'S	- Hanker	ADDRESS			RAR'S SIGNATURE	
	6	Joseph G	awler's Son	s Washington	D.C. DATE D	EC 3 0 '58 Chi	Lun S. Thank	

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1 PLACE OF DEATH o. COUNTY MONTGOMERY

OR INSTITUTION

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY MARYT AND

Rea. Dist. No

MONTGOMERY

b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town)
STLVER SPRING 9 VIS-

111 MELBOURNE AVENUE

c. LENGTH OF STAY IN 16

Middle

d. STREET ADDRESS

lost

111 MELBOURNE AVENUE

STIVER SPRING

4. DATE

OF DEATH

 IS RESIDENCE ON A FARM? YES TI NO TA

Year

1958

NAME OF First DECEASED .TOHN CHRISTOPHER (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED MALE WHITE WIDOWED X

d. NAME OF HOSPITAL (If not in hospital, give street oddress)

DIVORCED [

B. DATE OF BIRTH JUNE 25, 1881

RECK

9. AGE (In years lost birthday)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours

12. CITIZEN OF WHAT COUNTRY?

17

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of warking life, even if retired)

Paper Mill

183-01-9395

Pennsylvania 14. MOTHER'S MAIDEN NAME

Sophia Kuntz

U.S.A.

13. FATHER'S NAME

Christopher Beck

17. INFORMANT

Address

Manth

DEC.

Mrs. Margaret B. Brown. 111 Melbourne Ave.

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate couse (a), slating the underlying couse last.

DUE TO

1B. CAUSE OF DEATH [Enter only one cause per lige for (a), (b), and (c).]

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO

PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

, and that death accurred at___

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.)

PERFORMED? YES NO D

(Stote)

(State)

ONSET AND DEATH

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth.

22a. BURIAL, CREMATION, 22b. DATE THEREOF

20d. INJURY OCCURRED Doy, Year

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

21. I certify that I attended the deceased fram.

While Not while at work of wark

19.5 A, that I last saw the deceased

alive on SIGNATURE

PHYSICIAN'S NAME (Type)

12/20/58

JOHN N. ANDREWS

22c. NAME OF CEMETERY OR CREMATORY FT. LINCOLN CREMATORY

22d. LOCATION (City, town, or county) PRINCE GEO. COUNTY. MD.

23. FUNERAL DIRECTOR'S SIGNATURE RNER E. PUMPHREY. INC

CREMATION

Hour o. m

ADDRESS SILVER SPRING, MD. 24g, REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE Cirilian & Track

M, fram the causes and an the date stated above.

TO FUNER



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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13909 CERTIFICATE OF DEATH

		133	U9 CEKI	IFICA	AIE OF I	DEATH			Reg. Di		. OCO.k
0	ACE OF DEATH COUNTY Montgomery		MAR	YLAND	2. USUAL RES o. STATE Distri			lived. If institu b. COUNT		nce before o	odmission)
b	CITY OR TOWN (If outside corporate RURAL and give nagrest town)	limits, write	e. LENGTH OF STA	Y IN 1b	washi			ote limits, write	RURAL ond	give neares	t town)
	NAME OF HOSPITAL (If not in hospite OR INSTITUTION APILE NURSING		oddress)		d. STREET			NW #	502		S RESIDENCE ON A FARM? ES NO X
1 0	IAME OF DECEASED Type or print) Minerva	first Grisw	old	le	Beckw	st	4. DATE OF DEATH		onth	Day	Yeor
5. S	emale White	CE 7. MARR	DIVORC		B. DATE OF BIRT			9. AGE (In year lost birthday) 86 yrs	Months		UNDER 24 HRS.
1 400	USUAL OCCUPATION (Give kind of wo during most of working life, even if rete etired	red)		or indu		chiga		untry)		USA	WHAT COUNTRY?
13. f	ATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
1	William G. Beck	with			Mari	a Gib	som				
15. \ (Yes.	NAS DECEASED EVER IN U. S. ARMED no, or unknown) (If yes, give wor or dates	ORCES? 16.	SOCIAL SECURITY N	1000	Geo.	Flat	her.		dress Lorad	o B1	do DC
TION	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT C	(b) 10 (c)	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION G	CR.	T 1(o) 19. p	NAS AUTOPSY PERFORMED?
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE	20b. DESC	RIBE HOW INJURY	OCCURRE). (Enter noture o	of injury in Po	ort I or Port	II of item 18.)		YE	S NO
MEDICAL	20c. TIME OF INJURY Month, Day, Hour a. st. p. m.	Year 20d. IN While of work	IJURY OCCURRED Not while of work	20e. PLA	CE OF INJURY (tory, street, offic	Home, farm, e bldg., etc.)	20f. (City	or town)	(1	County)	(Stote)
	21. I certify that I attended to alive on ACTUAL SIGNATURE PHYSICIAM'S NAME (1996) John S.	Roger	and the	t death	occurred at	E-		the causes	and on t		the deceased stated above. DATE SIGNED
E	BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) COMOVAL 12/12 UNERAL DIRECTOR'S FIGNATURE	158	Oak Hil		crematory		Gra		ida -	Mich	(Stote)
2	walk Sawleis	Sons		Pa.	Ave DC		8Y REGISTR		Istrak & Sich		

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cour files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, pleas execute the proficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral perform. Pog 4 should be forded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained four files.

TO FUNERAL DESCROP: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B. Of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME BM 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13910 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	i.e.	370			U					Reg. D	ist. No.		
	PLACE OF DEATH					2. USUAL RESIDE	NCE (V	/here deceas	ed lived. If instit	lution: Reside	ence befo	re admis	ssion)
	o. COUNTY	Contromor	**		MARYLAND	o. STATE	0 7017	land	b. COUN	TY MOT	+00	mox	7.7
-		ontgomer						Land	orate limits, writ			mer	
	and give negrest town)		c. terrorii or					orgio mans, with	, KOM IC ONC	granie	0.00. 10.	
		esda						esda					
				n hospitol, give street o	iddress)	d. STREET ADD		77 7	2			ON.	A FARM?
-		Harling	-				200	Harl					NO 🗔
	NAME OF DECEASED	Fi	irst	Midd	ile	Lost		4. DATE OF	Mon	th	Day	Y	BOF
	(Type or print)	JO	HN		P.	BELLEW		DEATH	Dec	ember	15	1	9 58
5, 5	SEX	6. COLOR OR RACE	7. M	ARRIED IN NEVER MA	ARRIED 8.	DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER			
	Male	White				Sept. 2			69 yrs.	2 Months	. Ba.	Hours	Min.
		ON (Give kind of working life, even if retired)		106. KIND OF BUSINES	S OR INDUSTRY	Y 11. BIRTHPLACE	(State	or foreign o	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
	Retired	ig ine, even in termee,		Textile v	orker	En	gla	nd			US		
13.	FATHER'S NAME					14. MOTHER'S MA							
	1	atrick B	011	OF.7			Max	garet	Hall				
15		ER IN U. S. ARMED FO	THE RESERVE AND ADDRESS.		(NO 17 IN	FORMANT	Mai	garet	Addres				
	, no, er unknown)	(If yes, give war or dates o											
	No 1			029-03-20)461 M	argaret	Be	TTem-	wite-i	tem 2	2d		
	TO SERVICE THE SEARCH NOT		ouse per	line for (a), (b), and ().]							AL BETWE	
	PART I. DEA	TH WAS CAUSED BY:	(0	Co	ronar	y occlu	sio	n			S	udd	en
	420.1	DUE TO											
	Conditions, if a	and a Atlah N											
	gave rise to imme	diate cause	b)										
	(a), stating the	underlying DUE TO)										
_	cause last.		c)										
CERTIFICATION	PART II, OTI	HER SIGNIFICANT CO	NDITIO	NS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO TH	E TERMI	NAL DISEASE	CONDITION G	IVEN IN PAR	T 1(o) 19	PERFO	
Y											Y	ES 🗌	NO S
TIFE	20g. EXTERNAL CA	USE WAS	20b. DE	SCRIBE HOW INJURY C	CCURRED. (En	ter noture of injury	in Part	i or Part ii	of item 18.)	- 1			
20	PRIMARY OF COLCAUSE OF DEATH.	NTRIBUTING L											
	20c. TIME OF INJU		109	20d. INJURY OCCURRE	D 20e PLACI	E OF INJURY (Hom	e form	204 (City	or lown)	ICO.	unly)		(State)
MEDICAL	Hour o. m.			White Not white		y, street, office blo	g., etc.) 201. (City	or rown,	(co.	,,		(sidie)
X	p. m.	15		ot work at work									
	21. I certify the	hat I taak charg	e of	he remains desc	ribed abav	e, held an A	utops	y 🔲, Ir	spection 🔀	, Inqui	у 💢,	and	d in my
	opinion death	resulted fram:	Natu	rat causes 🛣	Accident []. Suicide [], 1	Hamicid e	, Undet	ermined i	manne		
	/	1-	0									DATE S	CNIEC
	ACTUAL SIGNATURE	200 1. Jel	31	mhait		M.D. CHIEF MED	ICAL EX	AMINER [DAIES	IGNEO
		1.				ASSISTANT	MEDIC	AL EXAMINE	R				
	EXAMINER'S NAME (Type)	rank J.	Bro	schart		DEPUTY ME	DICALI	EXAMINER D	3		12/1	5/5	8
220	BURIAL CREMATIC	N. 226. DATE THERE		22c. NAME OF C	EMETERY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		(State	e)
	REMOVAL (Specify	12-18-5	_								. 1		
22	FUNERAL DIRECTOR		0	ADDRESS	i Heav		o BEC'I	D BY REGIST		Dring			Land
		. 1	37	Bethesda	Marv	land							
K	obert A.	rumpure	11	Decirence	,	D	ATENE	C18 5	8 1 a	rthun S.	Mall	GP.	

HIARO NO REPORTE PARTIE AND THE COLOR OF THE from the contract the many that the property of the contract the contract to t THERE 30 0000 DE-12-52 white or the street, northern, street and

	13311	CERTITICA	AIL OF BLAIN		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (Where o. STATE West Virg	b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside co RURAL and give nearest fown	orporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If auts	ide corporate fimits, write RU	RAL and give nearest (own)
Bethesda		681 days	Beckley		ADX-D.
d. NAME OF HOSPITAL (If not OR INSTITUTION The Clinical			d. STREET ADDRESS 214 Jenni	ngs Street	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED	First	Middle		DATE Month	Day Year
(Type or print)	Joseph	Henry	Benedict		ember 1, 19 58
5. SEX 6. COLO	R OR RACE 7. MARE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Whi			March 7, 1915	last birthday) 43 yrs.	Months Days Hours Min.
 USUAL OCCUPATION (Give k during most of warking life, ex 	ren if retired)				12. CITIZEN OF WHAT COUNTRY
Mining Engine	er l	lining	Pennsylva	nia	U.S.A.
13. FATHER'S NAME			14 MOTHER'S MAIDEN NAM	ME	
John Benedict			Anna (unk		
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANTThe Medic	al Record Addre	:85
No		103-18-14470	The Clinical Co	enter, Bethesd	la 14, Maryland
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause fast.	(b)	bo Sacral Chor			N IN PART 1(a) 19. WAS AUTOPSY
CATIC					PERFORMED? YES NO
200. ACCIDENT WAS UNDERLOW OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL I	OF DEATH!	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Por	t I or Port II of item 18.)	
20c. TIME OF INJURY Manth, Hour o. m. p. m.	19 While at war	Nat while fo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County) (State)
ACTUAL SIGNATURE		ed from Jamuary 58 , and that death	AD M.D. The Clir	M, from the couses or opers (Street, city or town, standard Center Institutes of	12/2/58 of Health
220. BURIAL, CREMATION, 22b. D	ATE THEREOF	20c. NAME OF CEMETERY OF Sunset	R CREMATORY 22	d. LOCATION (City, town, or	
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pum		ADDRESS hesda, Maryla	nd 240. REC'D B	Y REGISTRAR 24b. REGIST	CAR'S SIGNATURE

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DETOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shouldeded far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 and 2 and 3 and 4 and 2 and 2 and 3 and 4 and 4 and 4 and 5 and 5 and 6 a may be retained by the haspital ar attending physician.

D FUNERAL IT CIOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

11 The Ulimbert Center, Cathagean Dath Holl 4 . . CERTS TRIPES CAPITY was need Included and proven a community and declarate bollen of the Charles Charles de ter, Dechence in Saryland Almoidge syllaged nego ? 9 mil Lucho Sagral Chondro empoca the Part of temperature of the t my me and the state of the stat different leschioned of Health DECEMBER 1 DECEMBER 1 DOSE Bet Gees 14. Harry Line Beckley, W. Virginia Robert A. Fumphrey-Bethesda, Maryland I

0

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL Q

VS A15 (4) 1SM 10/57

deoth. Poge 4

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

13912 **CERTIFICATE OF DEATH**

<u> </u>							Kaā	. DIST. NO.	
1.	PLACE OF DEATH o. COUNTY	Montgomers	MAR	reand 2	o. STATE		. If institution: Res b. COUNTY	sidence before	e admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give engest pung ton 4 Days				c. CITY OR TOWN (If outside cosporate limits, write RURAL and give nearest town)				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTEN CASHING Gardens					d. STREET ADDRESS 310 Mass are 11 e. IS RESIDENCE ON A FARM? YES NO				
3.	NAME OF DECEASED (Type or print)	Benjamir	Middle		enow.	4. DATE OF DEATH	Month	Doy / (-0
S.	Male	6. COLOR OR RACE 7.	MARRIED NEVER MARRI		Sept 24, I	1883 9. AG	E (In years IF UN t birthday) Mon		Hours Min.
	during most of wo	ION (Give kind of wark dane rking life, even if retired)	NOWS STA	1-	Loun	ANIA	12	CITIZEN O	A COUNTRY
13.	FATHER'S NAME	11.1.			14. MOTHER'S MAIDEN N				
		UNKNOCE	N			NOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (19, no. of unknown) (If yes, give wor or dates of service) (44-03-9507A M.C. MICHAEL KORN) Address OF GRAPD VA.									
		ATH [Enter only one couse part was Caused BY: IMMEDIATE CAUSE (a)	Acute Coo	gest		Failur	'e	INTE	RVAL BETWEEN ET AND DEATH HOURS
	Conditions, if ony, which) DUE TO COTONARY								
CERTIFICATION	gove rise to immediate cause (a), stating the under lying cause last. DUE TO Arterioscleratic Heart Disease								
	PART II. O	THER SIGNIFICANT CONDITIC	ONS CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN IN	PART 1(a) 15	P. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED.	Enter nature of injury in P	Port I or Port II of	item 1B.)		13 THE
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	w	Od. INJURY OCCURRED /hile Not while work at work	20e. PLACI foctor	OF INJURY Home, form, y, street, office bldg., etc.	, 20f. (City or tax	wn)	(County)	(State)
	21. I certify that I attended the deceased fram. Dec 12 , 19 50 to Dec 16 , 19 58 that I last saw the deceased alive an Dec 16 , 19 58, and that death accurred at 12:10M, fram the causes and an the date stated above								
2	ACTUAL SIGNATURE Robert T. Thibadeau, M.D. Kensington, Md.								
	PHYSICIAN'S NAME (Type) Robert T. Thibadeau, M.D. Kensington, Md.								
7	PEMOVAL (Specify		B HAR SE	ETERY OR C	REMATORY CRU	22d ADCATION (City, town, or cour	nty)	(State)
23.	Deal-	r's SIGNATURE	Lane 4812	· Gaa	ELS M. W DATE DEC	BY REGISTRAR	24b. REGISTRAR	S SIGNATUR	

THATELOUINAGINED TO STORE Mo. Fair Cool Service Title and and the breast widow, for already as Idi broades 30001

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIFICATE OF DEATH

13865

	7.0	101	O CERT	IIICA	IL OI L	LAII			Reg. D	ist. No.		
1. PLACE OF DEATH a. COUNTY Montgomer	У		MAR	YLAND	2. USUAL RESID a. STATE Dist		here deceases	d lived. If institution b. COUNTY	on: Reside	nce befare	odmiss	ian)
b. CITY OR TOWN (If a RURAL and give near	utside carporate limits,	write	c. LENGTH OF STAT	IN 1P	c. CITY OR 1	OWN (If	outside carpo	rate limits, write R	URAL and	give near	est tawn)
Bethesda			248 da;	ys	Washi	ingto	n	4	7x-	3		
d. NAME OF HOSPITAL	(If nat in hospital, give	street o	address)		d. STREET A	DDRESS				e.	IS RES	IDENCE FARM?
The Clini	cal Center,	Be	thesda 14	Md	1814	35th	Stree	t, N. W.				NO K
3. NAME OF DECEASED	First	174	Middle	•	Las		4. DATE	Man	th	Day	,	Year
(Type ar print)	Henry	7	Alexand	ler	Bern	У	OF DEATH	Decem	ber	20	,	1958
5. SEX	S. COLOR OR RACE 7.	MARRI	ED 🔀 NEVER MARR	ED B.	DATE OF BIRTH	1		9. AGE (In years lost birthday)				-
Male		IDOWE		_	March		1903	55 yrs.	Manths	Days	Haurs	Min.
10a. USUAL OCCUPATION during mast of warking	(Give kind af wark dan	е 10ь. І	CIND OF BUSINESS	OR INDUST	RY 11. BIRTHPL	ACE (State	ar foreign co	ountry)	12. CI	TIZEN OF	WHAT	COUNTR
Accountan	t		Government	t		Ill	inois			U. S	. A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME		1944			
Henry A.							ra Tyl					
1S. WAS DECEASED EVER I	N U. S. ARMED FORCES		SOCIAL SECURITY NO					ecord Add				15-
Yes	II WW	14	51-03-397	7 The	Clinic	al C	enter,	Bethesd	a 14,	Mar	ylar	ıd
	Enter anly ane cause	per lin	e far (o), (b), and (c)	.]							VAL BE	
	WAS CAUSED BY:	Obs	truction	of Re	spirato	ry Tr	ee wit	h Mucous		Olase	TAND	DEATH
237x	DUE TO											
Conditions, if any		Bra	in Tumor,	Righ	t Front	o-Par	ietal			1	Year	r
gove rise to imm cause (a), stating the												
lying cause last.	(c)_											
PART II. OTHER	SIGNIFICANT CONDIT						INAL DISEASI	E CONDITION GIV	EN IN PAI	RT 1(a) 19.	WAS A	AUTOPSY RMED?
3 Genera	lized Obst											NO 🗌
PART II. OTHER Genera 20a. ACCIDENT WAS OR CONTRIBUTING C (IF EITHER, NOTIFY MI	UNDERLYING 200 I CAUSE OF DEATH EDICAL EXAMINER)	b. DESC	RIBE HOW INJURY C	CCURRED.	(Enter nature at	injury in	Part I or Part	II of item 18.)				
20c. TIME OF INJURY Hour a.m. p. m.		While	URY OCCURRED Nat while at wark	20e. PLAC facta	E OF INJURY (I	lome, farm bldg., etc	n, 20f. (City	or town)	(Caunty)		(Stote)
21. I certify that	I ottended the de	ecease	d from Apri	1 16	1958	to De	cember	20 1058	that I	lost sov	y the	docoor
The second secon	ember 20	125	^	death c		7:10	PM from	the causes o	nd on t	he dete	· etata	d aba
		0						reet, city ar town,		ne dole		TE SIGN
ACTUAL SIGNATURE	Clam	K.	Leurs	M	n. The	Clin	ical C	enter				21-58
			7	M.				tutes of	Heal	t.h		
PHYSICIAN'S NAME (Type) Wil	liam R. Lew	vis,	M. D.			esda		aryland				
22a. BURIAL, CREMATION,	22b. DATE THEREOF		22c. NAME OF CEM	ETERY OR				ION (City, tawn, c	r caunty)		(State)
CREMATION	12/22/19	58			Cremat	ory		tland, I		. Geo		
22. FUNERAL DIRECTOR'S	/		ADDRESS				D BY REGIST	RAR 24b. REGIS	TRAR'S SI	GNATURE		
Cook /Hall	sers son	756	Pa.Ave	NW,	DC	DATE	DEC 2 3	30	Irthur	1. Th	NA.	

250	MARYER DEPARTMENT OF MEALTH-BATTMORE, 18
man of	HTAJUSO STADRITADO ÉLUADO
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	amatan peranakan peranakan anggo palahak anggo peranakan anggo peranakan sebesah sebesah sebesah sebesah sebes Palah sebesah
	application of the first open applies and the fi
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13866

	i.	TEG	4 CEN		VIE OI	<u> </u>	•		Reg. D	ist. No.	
o. COUNTY MOI	ntgomery		м	ARYLAND	O STATE .	b ence (wi		d lived. If institut b. COUNTY		nce before odmi ntgome:	
b. CITY OR TOWN (I RURAL ond give no Bethe		ts, write	c. LENGTH OF S	TAY IN 16		town (IF		rote limits, write	RURAL and	give nearest tov	vn)
d. NAME OF HOSPIT	AL (If not in hospitol, or rest Sani				d. STREET / #3 E		Hill	Road		ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	MADIS(ON	J	ddle	BISBE		4. DATE OF DEATH	Dec.	onth 26	Doy	Yeor 19 58
sex Male	6. COLOR OR RACE White	7. MARR		RCED	B. DATE OF BIRT		874	9. AGE (In years lost birthdoy) 84 yrs	Mogths	P 1 YEAR IF UNI	
Oo. USUAL OCCUPATION during most of work Retired	ON (Give kind of work ing life, even if retired		KIND OF BUSINES			ACE (Stote		ountry)	1	US	T COUNTRY
Johi	n Bisbee				14. MOTHER'S			erkins			
. WAS DECEASED EVE		ervice)	social security		os. Geo		14-35		hter	-same a	as 2d
PART I. DEA 33/X Conditions, if or gove rise to it couse (o), stoling lying couse lost.	the under-) C	-V.A,	onia rigil	it hi	emi	plag	iù		INTERVAL E ONSET AN	days
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING OF CAUSE OF DEATH MEDICAL EXAMINER)	5	CRIBE HOW INJUR	itus					VEN IN PA	PERF	ORMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While	NOT while of work	20e. PL/ foo	CE OF INJURY tory, street, office	Hame, farn e bldg., etc	n, 20f. (City	or town)		(County)	(Stote)
alive on 2	Jak h	12 3	ugma		occurred at	1225	AM, from	reet, city or town	and on	the dote sta	ed obove DATE SIGNED
PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATIO REMOYAL (Specify)	N, 22b. DATE THEREC)F	22c. NAME OF C	CEMETERY OF	RCREMATORY	01d	22d. LOCAT	etown I	or county)	(Sto	sda, N
Bur-Trans	11 12/21/	58	ADDRESS	Grove	2	240 PEC"	D BY REGIST	vport,	Verm		
	Dann han	D		Nia-	arl and		3. 0 '58	CONTRACTOR OF THE PERSON OF TH	Chur S.	10	

TO HOSPITAL OR VS A15 (4) 1SM 9/S5

TO HOSPITAL OR

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13867

13862 **CERTIFICATE OF DEATH**

Reg. Dist. No.

		PLACE OF DEATH o. COUNTY MONTGOMER)	MARYL	II O STATE	IDENCE (Where deceased live	d. If institution: Residence be b. COUNTY	efore admission)
		b. CITY OR TOWN (If autside carporate limits/w RURAL and give nearest lawn).	write C. LENGTH OF STAY IN	N 1b c. CITY OR	TOWN (If aulside carporate)	imits, write RURAL and give in	nearest town)
)		d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION MAK HAVEN BES	street address) THOME	d. STREET		T. N.W.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) RESSIE	Middle	A BISH	A. DATE OF DEATH	Month 12 -	Day Yeor 19 58
	5. 9	PARALE LULIE	MARRIED NEVER MARRIED	8. DATE OF BIR	TH 9. A	GE (In years of UNDER 1 YE) st birthday) Manths Day:	AR IF UNDER 24 HRS.
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHE	PLACE (State or foreign country		OF WHAT COUNTRY?
1	13.	FATHER'S NAME		14. MOTHER	S MAIDEN NAME		., 0 / 1
1		SIMON PRICHARD		Luc	Y KEISTE	R	
		WAS DECEASEDEVER IN U. S. ARMED FORCES?		17. INFORMANT		Address	
		(i. yet, got not of solice of salving)	-	W.N.B.	SHOP 560	1-1324 ST, N.	w. (D.C.)
		18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).] HEMOVENA	ar Pul	monaut	111	ITERVAL BETWEEN NSET AND DEATH
		450.0 DUE TO	17	J., un	Morta 1		acomin.
		Canditians, if any, which) (b)	Hirteriose.	1000515			
		gave rise to immediate cause (a), stating the under-					
		lying cause last. (c)					
	NO O	PART II. OTHER SIGNIFICANT CONDITION	IONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	O THE TERMINAL DISEASE CON	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
)	CATION	260x DIABETES	MOLLITU	25			PERFORMED? YES NO
	CERTIF	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature	af injury in Part I or Part II af	item 18.)	
	MEDICAL	Haur a.m.	20d. INJURY OCCURRED 20 While Nat while at wark at work	Oe. PLACE OF INJURY factory, street, affic	(Home, farm, 20f. (City ar to	wn) (Count	y) (State)
		21. I certify that I ottended the dec	ceased from 195	3, 19	, to 12/15	., 1958, that I last	sow the deceased
		alive an 12 15	195 8 , and that d	leath accurred at	7:000 M, from the	causes and on the d	ate stated above
		-10 11	1 // 1			city ar tawn, state)	DATE SIGNED /
1	33	ACTUAL SIGNATURE SIGNATURE TT	Hillman	MMD. 24	9 messo	ere Que n	W 12/15/58
/		PHYSICIAN'S SAMUEL A	7. HILLMAI	V	Washer	egters 11 D	C
	22a	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETE	ERY OR CREMATORY	22d. LOCATION	(City, tawn, or county)	(Stote)
		12/17/58	FORT LIN	ICOLN	WASHI	NGTON, D.	C.
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNAT	URE
	6	UWDEAL	4812	GALAVE N.W	DATE DEC 1 9 '58	OTIMA S. K	aus

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		The comment of the second of t
× -	And Asher and	

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funeral director, uld be filed with Aby the hospital or attending physician.

TOR: After this certificate has been signed by the attending physician and completely filled in by the detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 ior to burial, cremation, ar removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL O	may be retain	page 3 should	the registrar pr
V 1	S A1 5M 9	5 (4)

2001	0			Ke	g. Dist. No.
1. PLACE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE	(Where deceased live	b. COUNTY	tesidence before admission) 10NTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington	6MO. 21 DS	E. CITY OR TOWN		limits, write RURA!	L and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Gardens Sa	12115	d. STREET ADDRES	s odhaven	Blvd.	IS RESIDENCE ON A FARM? YES NO PO
3. NAME OF First DECEASED (Type or print) Susan	Middle Bailv	Plake	4. DATE OF DEATH	Month Dec.	Doy Yeor 24 19 58
5. SEX 6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH 12-6-188	9. A	GE (In years IF L	INDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker - Self-employee 13/ FATHER'S NAME			nore, Md	(y)	IZ. CITIZEN OF WHAT COUNTRY
John Richard Bailey	7	Adelaid	le Louell	a unknow	vn .
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Address	
no	Mrs	s. Weldon B.	Benson,	8203 Wood	ihaven Blvd.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. Conditions, if ony, which (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS	Carcinory CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TI	ERMINAL DISEASE CO	DINDITION GIVEN I	N PART I(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture af injur	r in Port I or Part II o	of item 18.)	YES NO
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. While		ACE OF INJURY (Home, ctory, street, office bldg.		town)	(County) (Stote)
21. I certify that I attended the decearative on <u>Occ.23</u> , 19- ACTUAL SIGNATURE Chilip H, V PHYSICIAN'S Philip H. Va		accurred at	54M, from th	ne causes and , city or town, state	and I last saw the deceased an the date stated above pring Md 24/52
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 12/26/58	22c. NAME OF CEMETERY COLUDON PARK CO			MORE, MAJ	
WARNER DIRECTOR'S SIGNATUREY, INC.	SILVER SPRING	G. MD.	REC'D BY REGISTRAR		8. Kraus

		HTA	ALE OF DE	SIS CERTIFICA	
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MARY! AND STATE DEPARTMENT OF HEALTH-BALTIMORE IB

13916 CERTIFICATE OF DEATH

13869 Reg. D(st. No.

		991	O CERTIF	ICA	E OF DEA	1111			Reg. C	Ost. No).	
1. PLACE OF DEATH o. COUNTY	ontgomery		MARYL		. USUAL RESIDENCE o. STATE Mary	(Where dece		If institution. COUNTY		ence before		sion)
b. CITY OR TOWN RURAL and give	(If outside corporate liminearest town)	its, write	c. LENGTH OF STAY II	V 16	c. CITY OR TOWN	(If outside co	rporote lin	nits, write R	URAL one	give ne	orest tow	n)
	ethesda		36 days		Chevy Ch							
OR INSTITUTION	PITAL (If not in hospital, (N uburban Hos	- 3	oddress)		d. STREET ADDRESS		ad				ON A	SIDENCE A FARM?
3. NAME OF DECEASED	Fi		Middle		Lost	4. DAT		Mon	th	De	ру	Year
(Type or print)	Bertha				Block	OF DEA	TH De	edembe	er 2.			1958
5. SEX	6. COLOR OR RACE	7. MARE	RIED X NEVER MARRIED	B.	DATE OF BIRTH		9, AG	E (In years birthdoy)	IF UNDE		IF UND	ER 24 HRS
Female	White	WIDOW	ED DIVORCED		6/7/98			50 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (SE	tote or loreig	n country)		12. C	ITIZEN C	OF WHAT	COUNTRY
Housew		'			Illinoi	S				U.S	3.A.	
13. FATHER'S NAME				7	14. MOTHER'S MAIDE							
	Walker				Unkno	wn						
15. WAS DECEASED ET	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	DRMANT			Add	ress 64.7	2 R1	iffin	Road
No	In yes, give wor or dares or s	arvice)	None	Me	rlvn J. Bl	ock						Md
	EATH [Enter only one co	ouse per li								INT	ERVAL BE	ETWEEN
	EATH WAS CAUSED BY:	7/	Somia.	,						ON	SET AND	DEATH
260X	IMMEDIATE CAUSE (c		i co							-	(8
Canditians, if		198	ternoone	mls	works en	1					42	ars
gove rise to	immediate (1	0.		o second a	- 1					0	
couse (a), statin	g the under-	1/	habel.	20	mel	lita	en			1	400	cas
PART II. O	THER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TE	ERMINAL DISI	EASE CON	DITION GIV	EN IN PA	RT 1(0)	19. WAS PERFO YES	AUTOPSY ORMED?
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIL	VAS UNDERLYING DIG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter noture of injury	y in Port I or	Part II of i	tem 18.)				
20c. TIME OF INJI Hour a. m p. m	. 10	While			E OF INJURY (Home, y, street, office bldg.,		City or tow	rn)		(County)		(Stote)
21. I certify	that I attended the	deceas	ed from		, 19, ta_			., 19	that I	l last s	aw the	decease
alive on		19	, and that a	death o	ccurred at 10:	- 1.						
	-02 11	_						ty or town,				ATE SIGNE
ACTUAL SIGNATURE	thankes	Jan	12115	M.	489	0 B	atter	y La	ne.			
PHYSICIAN'S NAME (Type)	CHARLES	5	AVARESE		Bets	heado		nd.	4			
220. BURIAL, CREMAT	(v)		22c. NAME OF CEMET	ERY OR	REMATORY	5.5		City, town,			(Stot	te)
Burial	Dec. 2,1	.958			A .			s, Mi				
23. FUNERAL DIRECTO	MANAGER	9	ADDRESS ONO 3501-	14/10	16 7 16 17 E	REC'D BY REC	SISTRAR '58		STRAR'S S		RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital an attending physician.

TO FUNERAL IN TOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please cember agrees. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

MARYLAND STATE DISSAITMENT OF HEALTH-SALTIMORE, 18

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At seal by the seal of the sea	Sandenia Abanda			
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Maria and Land Boy Vision 1987				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13271

(Stote)

		13	3918	CERTI	FICA	TE OF DEAT	H		Reg. Dist		0 0 .4
1. PLACE COUR D. COUR MOT	of DEATH NIY Itgomery	7		MARY	LAND	2. USUAL RESIDENCE (W O STATE Virginia	here decease	d lived. If institution b. COUNTY		e before adm	ission)
RURA	OR TOWN (If on the control of the co	outside carporote limi rest town)	ls, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF		prote limits, write RI	JRAL ond gi	ive negrest to	wn)
OR IN	NOTITUTION	eal Center		thesda 14,	Md.	d. STREET ADDRESS Box 585				ON	ESIDENCE A FARM?
3. NAME C DECEASI (Type or	ED	Oscar Oscar	st	Middle Ludwe]	1	Bowen	4. DATE OF DEATH	Mon		Day 11,	Yeor 19 58
5. SEX Mal	.e	White	WIDOWE			December 1,	1883	9. AGE (In years lost birthdoy) 75 yrs.		YEAR IF UN Days Hour	
guring	OCCUPATION most of warkin	(Give kind of work of life, even if retired)		KIND OF BUSINESS O	R INDUS	Virginia		ountry)		S. A	
13. FATHER	36.10.	nton Bowe	n			14. MOTHER'S MAIDEN I					
15. WAS DE		N U. S. ARMED FOR yes, give wor or dates of st	rvice)	SOCIAL SECURITY NO		FORMANT The Me		RecordAddr Bethesda		Maryla	and
Cond gave cause	PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a DUE TO , which (b) nediote	Dia		Histosis	oplasmosis)			ONSET AN	BETWEEN ID DEATH
CERTIFICATION OF CO	Pu	lmonary Ed	lema			OT RELATED TO THE TERM			EN IN PART	1(o) 19. WAS PERF YES	ORMED?
	NTRIBUTING [UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRED	(Enter nature of injury in	Part I or Par	t II of item 18.)			
	AE OF INJURY four o. m. p. m.	Month, Day, Yea	v 20d. IN While at work	Not while of work	20e. PLA fact	CE OF INJURY (Home, form ory, street, office bldg., etc	n, 20f. (City	or town)	(Co	ounty)	(Stote)
21, I alive	an Dece	l attended the mber 11	decease _, 19_			2, 1958, to De occurred of 7:45 The Clini	cal Ce	n the causes attreet, city or town, senter	nd on the	12-	

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Albert Treger. M. D.

22b. DATE THEREOF

BURIAL, CREMATION,

FUNERAL DIRECTOR'S SIGNATURE

Bethesda 14, Maryland

240. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

RCTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, be detached far use as the burial transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior ta burial, cremation, ar removal, and in any event within 72 haurs offer death. page 3 shauld be detached far use as the burial-transit by the haspital or attending physician may be ret

ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 has

TO HOSPITAL VS A15 (4) 15M 10/57

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		a greata fenerta Lincolorista de con-	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13919 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 1. PLACE OF DEATH O. COUNTY MONTGOMER b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and alve negrest town) RURAL and give negrest town) 8 Months SPRING-Silver Spring SILVER d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 9709 Sutherland Althew Glenn Nursing NAME OF Hutchinson Dec. (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) WHITE Oct, 24 DIVORCED T WIDOWED D 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Railroad MAYCH INNIST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Michael Boyer Hutchinson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17_ INFORMANT Edward Bover 9701 Sutherkud Rd. Silver 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 1956 to Dec. 15 1958 that I last saw the deceased

(County)

(State)

. IS RESIDENCE ON A FARM?

ONSET AND DEATH

PERFORMED? YES MO D

YES MO M

19 50

21. I certify that I attended the deceased from MOV: 11

alive an Dec. 12 , and that death accurred at 1245 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) 1806

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

JAMES L. LAUBACH

22c. NAME OF CEMETERY OR CREMATORY Center Cemetery

HYATTS VILLE

Center, Perry County, Pa.

22d. LOCATION (City, town, or county)

220. BURIAL, CREMATION, 226. DATE THEREOF

SILVER SPRING, MD.

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Thous

TO FUNER

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CERTIFICATE OF DEATH

Rea. Dist. No.

-					wed. Di				
1.	PLACE OF DEATH D. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (W o. STATE IMARYLA	there deceased live	b. COUNTY	ce before admission) TGOMERY			
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTI	OF STAY IN 16	11	outside corporate	limits, write RURAL and g				
<	RURAL and give nearest town) 51LVER SPRING 10), YRS.	56511 11EE	SPP	11/0				
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)		d. STREET ADDRESS	-11	1100	e. IS RESIDENCE			
1	2804 BYRON COURT		2804 B	YRON	COURT	YES NO P			
	NAME OF DECEASED (Type or print) ELEANORA EL	Middle Z4BE	H BRADLES	4. DATE OF DEATH DE	Month ECEMBER	Day Yeor 21 1958			
5. :	SEX 6. COLOR OR RACE 7. MARRIED NET	VER MARRIED DIVORCED	8. DATE OF BIRTH 9/4/8	9 A	GE (In years IF UNDER	1 YEAR IF UNDER 24 HRS. Days Hours Min.			
10c	USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8 during most of working life, even if retired)	USINESS OR INDU		or foreign countr		ZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME	N. S. 181	14. MOTHER'S MAIDEN						
	THOMAS WENDEL BO	LLMHA	LAURA	JANE	BOLLHA	N CASSID'			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or doles of service)	CURITY NO. 17.	INFORMANT		Address				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-</u> lying couse lost. (c)	ante	ral. Hem Leveles Me	en pe esis ellites	· ·	10 yfold			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	NG TO DEATH BU	NOT RELATED TO THE TERM	WHAL DISEASE CO	ENDITION GIVEN IN PART	PERFORMED?			
CERTIFIC	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRI	D. (Enter noture of injury in	Part I or Part II o	f item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC Hour o. m. While Not work of wor		ACE OF INJURY (Home, for ictory, street, office bldg., et	m, 20f. (City or t	own) (C	County) (State)			
	21. I certify that I attended the deceased from								
	ACTUAL SIGNATURE	utten	MD. 8641	- Cabo	evel for	d Seed 5			
	PHYSICIAN'S NAME (Type)	TATTE	N S	due.	January	Mel			
220		NGRES!			HINGTON	(Stole)			
23.	FUNERAL DIRECTOR'S SIGNATURE ADDR	ess wa		D BY REGISTRAR	24b. REGISTRAR'S SIG	GNATURE			

moy be retain. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremotian, or remayal, and in any event within 72 hours ofter death. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs VS A15 (4) 15M 10/57

death. Page 4

e, IS RESIDENCE ON A FARM? YES X NO

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19 58

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomery Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda days Germantown d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS Suburban Hospital Route 1 3. NAME OF DECEASED 4. DATE Middle Lost Month DEATH (Type or print) Frederick Tyler Briggs December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (in years lost birthday) WIDOWED A DIVORCED T 76 Male 19/82 White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Farming Farmer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Sparo Gidding D. Brigg Address Route 1 IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Paul F. Briggs No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CO ATRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) Day. 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m While Not while of work of work 11/10/58 21. I certify that I attended the deceased fram. , 19___,that I last saw the deceased , and that death accurred at 10:25AM, from the causes and on the date stated above. alive an Dec. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE 927 Pershing Dr. Silver Spring. Md. PHYSICIAN'S Manuel P. Landman, M.D. 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) rosest Oct 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

TO FUNER VS A1S (4) 1SM 9/55

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Montgomery

Days

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Germantown, Md.

(County)

arthur S. Traus

DATENE

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO [

(State)

DATE SIGNED

(State)

Reg. Dist. No.

COLUMN TOWN 15000 In the public of world in the last first of Park No. of the party of the party of the party

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FOR STATE HEALTH DEPT

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13

13875

000	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	LU
346				O. D	Reg. Dist. No.

									4.		
I. PLACE OF DEATH a. COUNTY	Montg		MAI	RYLAND	2. USUAL RES		there deceosed	ed lived. If instit b. COUN	74	onte	
and give nearest to	(If outside corporate limits, write wa) hersburg .	-	c. LENGTH OF STA	Y IN 16	1			Punal			tonGrov
	ITAL OR INSTITUTION (<u> </u>	ress)	d. STREET A	DDRESS	bare.	1600 1 00 7	* 14 Ct P.	Lab And Ale	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	James	at .	Middle Frank	lin	Brit		4. DATE OF DEATH	Mon De C	400 111	Doy	Yeor 19 58
s. sex	6. COLOR OR RACE	7. MARRIE	D NEVER MARR		NOV 15	1 0 00	938	9. AGE (In years lost birthday)	Months	Doy)	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPA during most of work	TION (Give kind of work king life over if retired)	done 10b. K	IND OF BUSINESS O	R INDUST				ountry) (Rural		U S	WHAT COUNTRY
13. FATHER'S NAME	uis A. Bri	tton			14. MOTHER'S H1		Gaith	er			
15. WAS DECEASED I [Yes, no, or unknown)	EVER IN U. S. ARMED FO (If yes, give wor or dotes of	RCES? 16. :	SOCIAL SECURITY NO		Louis		ritte			sbuı	rg.RFD "
Conditions, if gove rise to imm (o), stoting the couse lost. PART II, O PART II PART II, O PART II underlying DUE TO (c) THER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEA		mu	ch	edte	rel	VEN IN PA	ART 1(o) 1	9. WAS AUTOPSY PERFORMED?	
20c. TIME OF INI Hour a. n p. n 21. I certify	URY Month, Doy, Yea	While of wo	Not while of work cemains describ	ed abo		Autops	y 🔲 , Ir	spection 🔀	, Inqu		
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Frank y	Bus J. F.	ntal	<u></u>	_M.D. CHIEF M	NEDICAL EX	Homicide (AMINER AL EXAMINER EXAMINER	-	ermined		DATE SIGNED
22a. BURIAL, CREMAT REMOVAL (Speci			22c. NAME OF CEM	ETERY OR	CREMATORY			thersb)	(Stote)
23. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS		(.7	240. REC'	D BY REGIST	RAR 24b. REG	ISTRAR'S S	SIGNATU	RE
Ernest	C. Gartner	· Ga	ithersbu	rg.	Mid.	DATE	DEC 3	0 '53	arth	47 8 9	Kraus

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the crosses, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be 1, graded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained if you files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Back, of Health, ar its designated agent, prior to buriof, cremotian, ar remaral, and in any event, within 72 hours after death. VS. A15ME 5M 2/57



OF MOTOR! EXAMINER'S CIRTISCATE OF DEATH

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TO HOSPITAL moy be rel

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13923 **CERTIFICATE OF DEATH** 13876

						Reg. D	ist. No.				
1. PLACE OF DEATH o. COUNTY Monte	gomery	MARYLAND	morramin wourdomera								
b. CITY OR TOWN (I RURAL ond give no Pooles		c. LENGTH OF STAY IN 16									
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give stre	eet oddress)	d. STREET ADDRESS						SIDENCE FARM?		
3. NAME OF DECEASED (Type or print)	Mary Kathe		Lost	4. DATE OF DEATH	Mon	th lec	Do 5	у	Yeor 19 58		
5. SEX Female	White WIDO	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept.17-18		9. AGE (In years lost birthdoy) 88 yrs.	Months	R 1 YEAR Doys	IF UND Hours	ER 24 HRS. Min.		
Hot	ON (Give kind of work done liking life, even if retired) 156 wife in ow	Db. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Sto		country)		TIZEN O	F WHA1	COUNTRY		
13. FATHER'S NAME	Tithtan		14. MOTHER'S MAIDEN								
	Litten R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	Margar	et, Fry							
(Yes, no, or unknown)	(If yes, give war or dates of service)	None H	arold Brooks	Poole	sville, Md						
	TH [Enter only one couse per TH WAS CAUSED BY:	1	1				INTE	RVAL BE	TWEEN		
	IMMEDIATE CAUSE (o)	oronary In	Your busis				3	36 h	INYS		
420.1	DUE TO	Land A	1				1	TEN)		
Conditions, if or		eneralized Ar	rterioscler	0515			14	YYC	axs		
couse (o), stating lying couse lost.								/			
PART II. OTH PART II. OTH OCCUPANT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 1	PERFC	AUTOPSY ORMED?		
	S UNDERLYING 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Port I or Po	rt II of item 18.)						
20c. TIME OF INJURY Hour o. m. p. m.	Whi	. INJURY OCCURRED 20e. PL le Not while for or work	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f. (Cit	y or town)	(County)		(Stote)		
21. I certify the	a) I attended the dece		. 19 <u>49</u> , to	5 Da	C. 19.58	,thot I	last sa	w the	decease		
alive an	1) CIC 4, 19	58 , and that death	occurred at 6 f	Li_M, frai	m the causes a	nd an t	he dat	e state	ed above		
ACTUAL SIGNATURE	Alm Man	utto	MD. BAYN		Ireel, city or town,		6		ATE SIGNE		
PHYSICIAN'S NAME (Type)											
20. BURIAL, CREMATION REMOVAL (Specify) Burial	Dec 8-1958	Monocacy	R CREMATORY	-	TION (City, town, o			(Stote	e)		
3. FUNERAL DIRECTOR'S		ADDRESS	24a. REG	C'D BY REGIS		RAR'S SI	GNATUR	E			
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13924 CERTIFICATE OF DEATH

Reg. Dist. No.

13877

-	the state of the s		
1	DIACE OF DEATH Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence b a. STATE Flor de b. COUNTY Pinal	efore admission)
1	b. CITY OR TOWN (If outside corporate limits, write (c. LENGTH OF STAY IN 1b RURAK and trive neorest town)	c. CITY OR TOWN III autside carporate limits, write RURAL and give	nearest town)
	d. NAME OF HOSPITAL (If no in hospital, give street address) OR INSTITUTION 5 7/ Chiverity Blad. Eart	7972 2nd ave, South	o. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) EDWARD Reilly 1:	BROWN 4. DATE Month OF DEATH 12 &	Day Year 22 1958
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White widowed Divorced	B. DATE OF BIRTH 5/19/1880 9. AGE (In years lost birthday) 7 yrs. IF UNDER 1 YE Months Day	FAR IF UNDER 24 HRS. ys Haurs Min.
	Do. USUAL OCCUPATION (Give kind of wark dane lob. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY (1. BIRTHPLACE (State or foreign county) 12. CITIZET Wellwood, Manyland	C. S. A.
1	3. FATHER'S NAME Oliver Brown	Sarah J. Brashea	r
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I Yes, no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	in Rosenary E. Cook - 7972 2nd a	we Florida
,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause last. (b). DUE TO		NTERVAL BETWEEN ONSET AND DEATH Agy I day
10121011	Cerebral thrombosis	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6	19. WAS AUTOPSY PERFORMED? YES NO P
At Crowner		ED. (Enter nature of injury in Part I or Part II of item 18.)	
21021	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While at wark to the at wark to the p. m.	LACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caun clary, street, affice bldg., etc.)	nty) (State)
	1)	h occurred at P. M. from the causes and on the ADDRESS (Street, city or town, state)	
	PHYSICIAN'S EINO MAGI	Silver Smine, Mid	12/22/190
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO. 12-26-58 Glenwood	OR CREMATORY 22d. (CATION (City, town, or county) Washington, D.C.	(State)
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	
1	William Lee's Sons Co. 300-4th	1 St. N. BAJEDEC 2 9 58 arthur & th	aud

funeral director, uld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page D FUNERAL IS STOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR TO FUNERAL I VS A15 (4) 15M 9/55

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	Str. 7 (400)(8) (4	ON HE HAD BE	State of the second

OR STATE EALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the carificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be and 10 the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained pur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boom of Health, or its designated agent, prior to burial, cremation, or removal, and in any premity thin 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13925

13878 Reg. Dist. No.

•		PLACE OF DEATH D. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
		Menteromery MARYLAND	o. STATE Martile 6. COUNTY 172 P. G.							
1	b	CITY OR TOWN (If autside corposate limits, write RURAN C. LENGTH OF STAY IN 1b	c. CITY OR TOWN, (If outside corporate limits, write RURAL and give nearest town)							
/		Silver string 21/2 fire	Takome Park 16.17.2							
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS AVENUE . IS RESIDENCE							
5		12245 Blue Hill Rd	914 ylazenovodXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
		NAME OF First Middle	Lost d4. DATE Month Day Year							
		Type or print) Robert &	JR. DEATH Den 10 1958							
7	5. \$	EX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 B.								
		mace wint WIDOWED DIVORCED	7-2101 57 yrs. Months Days Hours Min.							
	10a.	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRUCING most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	6	Busine 17 1/2 - 1 som Eight Chine	Minnesota U.S.A.							
	-	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
		ROBERT E. Brown	ELLA SACKETT							
	15.		IFORMANT Address							
	1195	NO (If yes, give was as dates at service) NO YES MI	rs. Laura H. Brown, 914 Glaizewood Avenue.							
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Takoma Park, Michael Between							
		PART I. DEATH WAS CAUSED BY: Cornery ac	clusion milden							
		420,1 DUE 70	, Autoria							
		Conditions, if any, which) (b)								
4		gave rise to immediate couse								
		(a), slating the underlying out to								
	Z		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY							
0	CERTIFICATION		PERFORMED?							
	TIFIC	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Er	nter nature of injury in Port I or Part II of item 18.)							
		PRIMARY Or CONTRIBUTING CAUSE OF DEATH.								
	MEDICAL		E OF INJURY (Home, farm, 20f. (Cily or tawn) (Caunty) (Stote)							
	MED	Haur e, m. While Nat while tacta p. m. 19 at work of wark	ny, sitee, unite stug, etc.)							
		21. I certify that I took charge af the remains described above	ve, held an Autapsy 🔲, Inspection 🔀, Inquiry 🕱, and in my							
		apinian death resulted fram: Natural causes 📆, Accident 🛭	, Suicide , Hamicide , Undetermined manner							
		1	DAYS SIGNED							
		SIGNATURE Trank O. Broschart M.D. CHIEF MEDICAL EXAMINER [
5		EXAMINER'S :- , , , , , , , , , , , , , , , , , ,	ASSISTANT MEDICAL EXAMINER 12-10-53							
		NAME (Type) FATNK J. Broschant	DEPUTY MEDICAL EXAMINER							
	220	BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (State)							
		BURIAL 12/15/58 Fr. LINCOLN C.								
	23.	FUNERAL DIRECTOR'S SIGNATURE EY, INC. ADDRESS SILVER SPR.	ING, MD. DEC 1 8 158							
	(Raymond a. Zioka.	DATE DEC 1 8 '58 Cirthun S. Kraus							

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MARYLAND STA	ALE DEPARTMENT	OF HEALTH-BA	LTIMORE, 18	1387
13026 MEDICAL	EXAMINER'S C	ERTIFICATE OF	DEATH	200

FOR STA			1	.3320		Trem	9. T	i Im6231	I2-	19-58	et	Reg.	Dist. No) .	
ALTH DI	EPT.	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND					YLAND	00.00	DENCE (ed lived. If instit b. COUNT			fore odmi	ission)
of Health,	7	Ь		outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR 1		f outside cor	parote limits, write			eorest to	wn)
200	20	C	The second secon	L OR INSTITUTION (I	f not in hos		res)	d. STREET AL	DORESS					ON	ESIDENCE A FARM?
the State B	14	1	NAME OF DECEASED Type or print)	Fin Mary Cath		Middle Budd		Losi		4. DATE OF DEATH	Dec. 6,		Doy B		reor
A S		5. \$	female	6. COLOR OR RACE Colored	7. MARRII WIDOWEI	DIVORCED		12/31/1	.887		9. AGE (In years lost birthdoy) 70 yrs.	IF UNDE Months	R TYEAR Doys	IF UND Hours	ER 24 HRS Min.
ond 22	I)	10a	USUAL OCCUPATIO uring most of working Housewol		done 10b. I	CIND OF BUSINESS OF	INDUST		CE (Stote		ountry)	12. CI	TIZEN OI	F WHAT	COUNTRY
pages 1	5	13.	John Wi	nite				14. MOTHER'S A		Bacor	1				
It. File omy eve				R IN U. S. ARMED FOR		SOCIAL SECURITY NO		FORMANT s. White	Gai	thers	Address ourg RFD				
il permi			PART I. DEATE	H [Enter only one cau H WAS CAUSED BY: MMEDIATE CAUSE (o)	01								ONSE	er and other	HIA
burial-trans or removal,	V		9/6.0 Conditions, if on gove rise to immed (a), stating the u	DUE TO y, which (b)		2nd degree	e bu	ras and	expo	sure				floor r hor	or of
col Examir used as a cremation.	2	CATION) (c). ER SIGNIFICANT CONI	DITIONS CO							VEN IN PA			AUTOPSY PRMED?
outd be		L CERTIF	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.		Unkno	own, Probab	oly f	rom oil	lamp) .					
the Chie	15	MEDICAL	20c. TIME OF INJUR	12/5/58,	White of we	ork of work 2	facto	ry, street, office thome	bldg., etc	Br.	inklow	Mont	eunly)	Md	(Stote)
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DIRECTO			ACTUAL SIGNATURE	aux J.	Br	orthan	_	_M.D.		XAMINER [DATE S	IGNED
shauld be FUNERAL r its design	2			Frank J. B				DEPUTY A		AL EXAMINE EXAMINER [y k		2/10		
TO FUR			The Pecity)	12/10/5		Sandy S		3.		S	andy Spr	ing,	Md.	(State	a)
5ME /57	R	23.	Tober	SIGNATURE	de	Rockvil	le, l	163	DATE E	D BY REGIST		STRAR'S S			



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FOR STATE HEALTH DEPT.

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TO DEPUTY MENCAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the scale, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral clark. Page 4 should be 15% orded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained our files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DEPUTY ME VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13997 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13880

LOUNT	Reg. Dist. No.
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY MARYLAND	o. STATE b. COUNTY ha
b. CITY OR TOWN (If outside proporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
and give nearest town	his his and the
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Rural - on Jarne	YES NO K
NAME OF DECEASED (Type or print) Colored Later Later Base	de the last 4. DATE Month Doy Year OF DEATH 21 19 50
SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yours IF UNDER 1YEAR IF UNDER 24 HR
male white WIDOWED DIVORCED	8-25-1886 Tayrs. Months Days Hours Min.
a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	1
1. FATHER'S NAME	md 11.8.a
FAITHER'S NAME	14. MOTHER'S MAIDEN NAME
Luther Brondette	Eller Cutscal
(es. no, or unknown) [If yes, give war or dates at service]	NFORMANT Address
No No ?	erman Brondette - Itum 2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY:	
1420.1 DUE TO	found des
Conditions is any titl	in com
gave rise to immediate cause (field
(a), stating the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
CAUSE OF DEATH.	inter nature of injury in Port I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40ch foch while Not while of work of work	CE OF INJURY (Home, form, 201. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	we held an Autonov D. Increation D. Increasing D.
opinion deoth resulted from: Noturol causes , Accident [
ACTUAL SIGNATURE Frank & Browhent	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) FLANK J. Broschant	ASSISTANT MEDICAL EXAMINER 1 /2-31-58
O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial Jan. 3,1959 Hyattstown Met	thodist Cem. Hyattstown, Maryland
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
W. L. Burdette, Hyattstown, Maryland	045 18N 5 '59 Outling 2 45

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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reic	KAL	shar	strar	
0	NE.	9	regi	
DE	7	pag	the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.	
	F	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and		
M	9/	55	1	

	Kag. Dist. 140.		
1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY		
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)		
Silver Spring	Washington, D.C. 47x-3		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?		
Fairland Nursing Home	4728 -46th Street, N.W. YES NOTE		
3. NAME OF First Middle DECEASED (Type or print) SONIA B	URDWISE 4. DATE Month Doy Year DEATH December 19 19 58		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.		
Female White WIDOWED DIVORCED	June 16, 1890 lost birthday) Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired) NUTSE	STRY 11. BIRTHPLACE (State or foreign country) Russia 12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Morris Ichelson	Charlotte Spivak		
(Yes on or unknown) . (It was nive was as dates of several)	NFORMANT Address rs. Harry Fleisher -4728 -46th Street, N.W.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate costs (a), stating the under-	interval BETWEEN ONSET AND DEATH on Set and Death of Secretary		
Iying cause last. (c)			
220. BURIAL GREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF Har Judah Cem			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		
Bernard Banzansky & Sons-3501 14th St., 1	N.W. DATDEC 2 2 58		

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and the property of the second		
		Barrier Agency Allen

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

may be related

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13863 **CERTIFICATE OF DEATH**

13882

_	20000	keg, Dist. No.	
	PLACE OF DEATH o. COUNTY MARYLAND MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS 1615 Q St. M.W. Cairo Hotel VES NO NO A FARM? YES NO NO	
	NAME OF First Middle DECEASED (Type or print) Ross angus	Burley 4. DATE Month Day Year DEATH Dec. 23 1958	
5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D WILL WIDOWED DIVORCED	OATE OF BIRTH 9. AGE (In years lest birthdoy) 6. 5 yrs. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
100	during most of working of work done lob KIND OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY:	
13.	Emos E. Burly	4. MOTHER'S MAIDEN NAME Hornal Gordnier	
(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFO II. no. or unknown) (II yes, give wor or dotes of service) La - U U V U V II HOST	ormant Address pital Records	
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last</u> . (c)	a the Lower lebe Interval Between onset and Death of Spein Especial of infection (curiether less and back le month	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO	
20a. ACCIDENT WAS UNDERLYING ET OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE NOW INJURY OCCURRED. JEnter noture of injury in Part 1 or Part II of item 18.)			
MEDICAL		OF INJUST (Home form, 20f. (City or town) (County), (State) of the bldg., etc.)	
	21. I certify that I attended the deceased from Q A Table alive on 12 22 , 19 4 , and that death och actual SIGNATURE M.D. PHYSICIAN'S TABLE AND	ADDRESS (Stree). city or town, state) DATE SIGNEY DATE	
22°	NAME (Type) AS 6 N GENERAL OF CEMETERY OR CE REMATION 12/24/58 FT. LINCOLN CREI	REMATORY 22d. LOCATION (City, tolvin, or county) (Stole) MATORY PRINCE GEO. COUNTY, MARYLAND	
收	Raymond & Biska SILVER SPRING, 1	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	

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VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13864

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

13883

-		PLACE OF DEATH D. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY a. STATE
>	k	ond give morest gown Takomas Park 2. LENGTH OF STAY IN 16 3. 41	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
)		1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 730-1 Ceclar Cure	d. STREET ADDRESS 7301 Cedan Aug PES NO
		NAME OF Pirst Middle DECEASED Type or print) Harold Lum	Butter 4. DATE Month Day Year DEATH 12- 22 1958
	5. 5	male white widowed Divorced	DATE OF BIRTH 8-14-1890 9. AGE (In years left birthday) Wonths Days Haurs Min.
	0	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUST Urring most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Sylvanter Butter	Louis Clagner
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IF 17. If 18. SOCIAL SECURITY NO. 19. If yes, give wor or doles of service) 19. If yes, give wor or doles of service)	OFORMANT Address Chilliam md
0	CERTIFICATION		INTERVAL BETWEEN OMSET AND DEATH Ford dead on find room Corr Corr IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NO STAT
	MEDICAL CERT	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, pry, street, affice bldg., etc.) 20f. (City or town) (County) (State)
2		21. I certify that I took charge of the remains described oboropinion death resulted from: Notural causes X. Accident [ACTUAL SIGNATURE FRANK J. Broshart EXAMINER'S FANK J. Brosch 2nt	
/	70	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR TREMOVAL (Specify) DFC. 26, 1958 FTLINCOLM FUNDERAL DIRECTOR'S ATTURES SPA 254 CARROLL TIME 255 CARROLL TIME 255 CARROLL TIME 256 CARROLL TIME 257 CARROLL TIME 257 CARROLL TIME 258 CARROLL TIME	

CEERINGA IS OF BEATH	2.3501 MEDICAL EXAMINER'S
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THE RESERVE OF THE PARTY OF THE	

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CERTIFICATE OF DEATH

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70243			кед.	Dist. No.
PLACE OF DEATH OCOUNTY NONTGOMERY	MARYLAND	2. USUAL RESIDENCE (When	b. COUNTY	GOMEKY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. SITY OR TOWN (If ou	tside corporate limits, write RURAL of	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION)	oddress)	d. STREET ADDRESS	, N.F. D. #	e. IS RESIDENCE ON A FARM?
SUBURBAN	Hospital	GleNRAN.		YES NO
NAME OF DECEASED (Type or print) EMMA	Middle Bu	lost	4. DATE Month OF DEATH DEC. 16	Day Year
SEX 6. COLOR OR RACE 7. MARS	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH MARCH 25 15	9. AGE (In years last birthday) 8. AGE (In years last birthday) Manual State (In years last birthday)	the 2012 Hours Min.
THE PERMIT	ion Home	washing	tand D.C	CITIZEN OF WHAT COUNT
Clurries TORREY		Ahnie	Westnedge	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no. of unknown) If yes, give wor or dates of service)	Vone P	To Rene L	. Butt- Ab	a 4e -
78. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate	CENEBRAL	HE MUND	HAGE	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ON THE ONE OF THE
cause (a), stating the under- lying cause last. DUE TO	ARTERIA	L Hyper	tension	25 YES
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPS PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFICANT CONDITIONS OF THE	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Po	irt I or Port II of item 18.)	
Coc. TIME OF INJURY Month, Doy, Year 20d. I Hour a.m. 19 While p. m. 19	Not while fo	LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (Stat
21. I certify that I attended the decease alive on 19.	sed from arms I Sender en	7	M, from the causes and a DDRESS (Street, city or town, stote) Summit	t I last saw the decea in the date stated abo DATE SIG Lac 16, 1
PHYSICIAN'S Gordon S. Ros	enberger	26 N St	ummit Ave. Gai	thersburg,
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/19/58	Rockville		22d. LOCATION (City, town, or cour Rockville. M	arvland
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR 24b. REGISTRAR	
Robert A. Pumphrey B	Bethesda, Ma	ryland DATE DEC	1 9 '58 arthur	2. / Victorian

may be released by the haspital or attending physician.

O FUNERAL CARECTOR: After this certificate has been signed by the attending physician and campletely filled in By the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. may be ref

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

er death. Page 4

Will and Mexicology with		
	No. 15 and 15 an	
The Administration of the Control of		
	A STANKE OF BEING	
	CHEROLET STREET	

12. CITIZEN OF WHAT COUNTRY?

(Stote)

DATE SIGNED

Lithot I lost saw the deceased ond on the date stated above.

	13931 CERTIFICATE OF DEATH Reg. Dist. No.
)	1. PLACE OF DEATH o. COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceosed lived. If institution; Residence before odmission) o. STATE D.C. b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Kensington C. LENGTH OF STAY IN 1b Washington 47 x - 3
90	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Kensington Gardens Nursing Home 3726 Conn. Ave., N.W. e. 15 RESIDENCE ON A FARM! YES \(\sum \) NO E
	3. NAME OF DECEASED (Type or print) Guelyn D. Coldwell DEATH 12 23 1950
	5. SEX 6. COLOR OR RACE 7/MARRIED NEVER MARRIED 8. DATE OF BIRTH 1/28/1880 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Saleswoman 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) Paris, Texas
1)	13. FATHER'S NAME
	Robert E. Dollman Elizabeth Cunningham 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknown) (If yes, give wor or dates of service) (Social Security No. W.
120	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO
0	Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO SECONDARY OF THE PROPERTY OF THE PERFORMENT OF THE PERFORM
	20b. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year Not While Not while of work of wo
	21. I certify that I attended the deceased from Both 1952, to Doc 23, 1956, that I lost saw the deceased olive on 22, 1956, and that death occurred of 96 P.M., from the causes and on the date stated observables (Street, city or town, state) ACTUAL SIGNATURE ACTU
	PHYSICIAN'S John V. Dolan 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION ICID, IOWA OF COURSE) (Stote)
	Burial 12/27/58 Parklawn Cometery Montgomery County, Md.
00	The S.H. Hines Co2901 14th St., N.W. 240. REC'D BY REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR
DATE DEC 2 9 '58

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4

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	Limber Living	rahaprina.	e grandinel	
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MARYLAND STATE DEPARTMENT OF MEATIN

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FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the fiscate, writing the word "pending" in pencil is lem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be randed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained four files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13932 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I	3	8	8	8

Item 7 Film 236	12-12-58 et Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
month mere MARYLAND	o. STATE b. COUNTY Montes
b. CITY OR TOWN (It outside corporate limits, write RUPAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
The the have	× el Hand
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
7 preem ave	7 meen Cuz YES NO A FARM?
3. NAME OF DECEASED Middle	Last 4. DATE Month Day Year
(Type or print) Nelson Jase 14 (C)	PA DEATH 12-1- 5-8 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years IF UNDER 14 FAR IF UNDER 24 HES
male White WIDOWED IT DIVORCED IT	lost birthday) Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11/ BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	
Janetor Rut School	mass M.S.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Calel	Cymie B Warren
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
570-10-0498/	Felen Calif Stem 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL SETWIEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1/20	clusion sudden
420, DUE TO	
Conditions, if any, which by gove rise to immediate couse	
(o), sloting the underlying DUE TO	
couse tost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5	YES NO PA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
Thour o.m. While Not while for	ACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Stote) tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described ab	ove, held an Autopsy [], Inspection [], Inquiry [], and in my
opinion deoth resulted from: Notural causes . Accident	. Suicide . Homicide . Undetermined monner
SIGNATURE Trans Q. (2 rose hart	M.D. CHIEF MEDICAL EXAMINER []
The state of the s	
EXAMINER'S FLANK J. Broschant	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, lown, or county) (Stole)
Burial Dec. 5 1958 Arlington	Nat. Arlington Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
May w Barber Laytonsville	Md ONEC 5'58 Original & House
	Ma 10150 5'58 asing & Knows

Lens corunting date.

VS A1S (4) 1SM 10/S7

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MARYLAND STA	ATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
13933	CERTIFICATE	OF DEATH	

13933

CERTIFICATE OF DEATH

13889

		TO	0	1
Reg. Dist	. No.	21	5	

1. PLACE OF DEATH 0. COUNTY Montgomer	V		MARYLAND	2. USUAL RESIDE		deceased li	L COUNTY	on: Residence		dmission)
b. CITY OR TOWN (III RURAL ond give ne	outside corporate lim	its, write	c. LENGTH OF STAY IN 16			de corporol	e limits, write R			town)
Bethesda	4-		52 days	Chelt	enham		/	6x -	2	
d. NAME OF HOSPITA		give street	oddress)	d. STREET A					e. 1	S RESIDENCE
OR INSTITUTION	al Hospita	1		Naval	Radio	Stati	on - 01	trs. 3		ES NO X
3. NAME OF		rst	Middle							
DECEASED (Type or print)	Albe		James	CARN		DATE OF DEATH	Mon	ember	Day	19 58
5. SEX			RIED NEVER MARRIED	B. DATE OF BIRTH		9.	AGE (In years			UNDER 24 HRS.
Male	Caucasian			12-9-8	1		10st birthday) 77 yrs.			ours Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	CE (State or fo	areign coun	try)	12. CITI	ZEN OF W	VHAT COUNTRY
Sales Mana	ing life, even if retired		eat Packing	- σTP	xas			T	.S.A.	
13. FATHER'S NAME			out Tuoman	14. MOTHER'S		E		1 0	. D. A.	
James CARI	VEY			Anna	MC NAMA	ARA				
15. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT	20 10111	****	Add	ress		
Yes, no, or unknown) (If yes, give war or dates of	service)								
		ouse per li	ne for (o), (b), and (c).]	0 4			0		INTERV	AL BETWEEN AND DEATH
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Du	asserting a	belowin	-al c	uens	man		6	days
451X	DUE TO		, W,	, ,		Α.	4.4		1	0
Conditions, if an		1 1	rterwocle	votre:	vase	work	- dino	980		
gove rise to in couse (a), stating t)				7			-	
lying cause last.	ne onder-	-)								
Z PART II. OTH			CONTRIBUTING TO DEATH BL	T NOT RELATED TO	THE TERMINAL	DISEASE C	ONDITION GIV	EN IN PART	1(a) 19. V	VAS AUTOPSY
E Car	cinomo	à	winary	plado	er	1 1			P	ERFORMED?
O (IF EITHER, NOTIFY I	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter noture of	injury in Port	I or Part II	of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	ar 20d. It While of wor	Nat while f	PLACE OF INJURY (I- octory, street, office	ome, farm, 2 bldg., etc.)	POF. (City or	town)	(C	ounty)	(State)
21. I certify the	at Lattended the	deceas	ed from October	26 1958	to Dece	mber	17 10 58	3 that I I	200 00000	the deserve
alive on Dece		195								
dive on 155 35	COLUCE ALL COLUCE	, 17_2.	8, and that deat	n occurred at			he causes of town,		e dote :	
ACTUAL		1 0	9							DATE SIGNED
SIGNATURE	Hawan	9 7	- OVATUS	M.D. U.S	Naval	Hosp	ital, I	INMC	1	2-17-58
PHYSICIAN'S NAME (Type)	Howard S.	IRON	S, LT, MC, US	N Beth	esda 14	, Mar	yland			
220. BURIAL, CREMATION	, 22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CREMATORY	22d	. LOCATIO	N (City, Iown, c	or county)		(Stote)
Burial (Specify)	12-19-5	8	St. John's C	hurch Cen	etery	Clin	ton	Ma	ryla	-
23. FUNERAL DIRECTOR'S		R	ADDRESS		24a. REC'D BY	REGISTRA	24b. REGIS	TRAR'S SIG	NATURE	301 60
Simmons Bro		100d	Hope Rd. SE.	Wash . DC	DATEDEC 1	9 '58	Cal	thing 8	House	

	BES CERTIFICATE OF DEATH	
	Charles Carrier	
		(Part)
A CHARLES AND A ROLL BOOK AND A		ARCHURCH STREET
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THE PARTY OF THE P	CANADA PERIO PARA PERIOR CONTRACTOR	Posts State Control

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13934 **CERTIFICATE OF DEATH** 13890

PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institutions b. COUNTY	Residence before admission) ontgomery
Montgomer b. CITY OR TOWN (If out RURAL and give neores Chevy C	side corporate limits, write t town)	c. LENGTH OF STAY IN 1b		outside corporate limits, write KUK	AL and give nearest town)
	If not in haspital, give street	oddress)	3707 L elan	15,000	IS RESIDENCE ON A FARM? YES NO N
NAME OF DECEASED (Type or print)	RANCES (GERTRUDE (CARROLL	4. DATE Month Of DEATH Decembe	er 2, Doy Yeor 19 58
Female 6.	White widow	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7/7/9 1	lost birthday) A	Onths Days Hours Min.
Housewife	Give kind of work done 10b. life, even if retired)	Own Home		ton, D. C.	12. CITIZEN OF WHAT COUNTR
Henry Ruj	opert		Sophie Re		
S. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.		INFORMANT	Address C. Phelps-Item	
PART I. DEATH V	diote (mplosaco	na (reticul	(egypteesme	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER S 200. ACCIDENT WAS UI OR CONTRIBUTING EI (IF EITHER, NOTIFY MED	SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	I IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES W NO
	CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY A Hour o. m. p. m.	While		PLACE OF INJURY (Home, form octory, street, office bldg., etc.		(County) (State
21. I certify that	attended the deceas		h accurred at 5 a		d on the date stated abo
	R20 #	7	D/41 CD	~ 000 a 12 1 2 0 000	100 - p 0 10. 3
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Blown BLAINE	H. EIG	M.D. 8641 Color	sold har allow	fring bd Dec 2

D FUNERAL MCTOR: After this certificate has been signed by the ottending physicion and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. may be reta

ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours VS A1S (4) 1SM 9/S5

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December 2. " 58	A LIORHA	O EQUATIES	Mary Principal
	1,7/21	Daniel Research	Wennel a White
p. c. US	ill washington,	Own Home	Housewife
dot	Rophin Rob sto		Hongauli graell
telps-He mi 1	S .U ty edoX at	9,004	ov.
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death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs.

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5 FUNERAL ACTOR: After this certificate has been signed by the attending physicion and completely filled in a page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and the registrar priar to burial, cremotion, or removal, and in any event within 72 hours effer death.

by the hospital or ottending physicion.

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13035

CERTIFICATE OF DEATH

13892

	103	00	CEKTIFICA	AIE OF	DEAIF			Reg. Dist. No	0.
	ONTGOMERY		MARYLAND	2. USUAL RE o. STATE		ere deceased I	ived. If institution b. COUNTY	MONTGO	
b. CITY OR TOWN (If ou RURAL and give neore SILVE	otside corporate limit st town) R SPRING	s, write	c. LENGTH OF STAY IN 16	c. CITY OF		utside corpora ER SPRI	te limits, write RU	RAL and give no	earest town)
d. NAME OF HOSPITAL OR INSTITUTION 11	(If not in hospital, a	ICK I	oddress)	d. STREET -/ 11,7		WICK RO	DAD		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fire MARIA		McLEAN	CARSO	ost N	4. DATE OF DEATH	Month DE(Day Year 1 19 58
5. SEX 6. FEMALE	COLOR OR RACE WHITE	7. MARR	To Committee Com	B. DATE OF BIE 2/28/69	ктн	9.	AGE (In years last birthday) 89 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION during most of working HOMEMAKER	(Give kind of work d life, even if retired)		NIND OF BUSINESS OR INDUS			or foreign cause			OF WHAT COUNTRY
13. FATHER'S NAME DANIEL B.	McLEAN				S MAIDEN N				
15. WAS DECEASED EVER IN		rvice)	SOCIAL SECURITY NO. 17. II	NFORMANT SS Rach	el L.	Carson	11,701	Berwick	Rd.
Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost.	WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO which ediate under- (c)	6		NOT RELATED		NAL DISEASTA	CONDITION GIVE	ON	TERVAL BETWEEN USET AND DEATH ACTION 19. WAS AUTOPSY
200. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY MEI	FRIOS INDERLYING CAUSE OF DEATH	CLL	EROTIC CRIBE HOW INJURY OCCURREN	145	ART	-2)ISEA	SE	PERFORMED? YES NO
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	while	Not while fac	ACE OF INJURY ctory, street, off	(Home, farm ice bldg., etc.	. 20f. (City o	r lawn)	(County	(Stote)
21. I certify that alive on VO LACTUAL SIGNATURE PHYSICIAN'S MI	I attended the	n 195	-	occurred o	605 /			nd on the d	saw the deceased ate stated above DATE SIGNEE 12/1/5
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREO 12/3/58	F	22c. NAME OF CEMETERY O PARKLAWN CEME				ON (City, town, or MERY COL		(State)
Raymond	PHILEY IN	ka	SILVER SPRING	G, MD.	24a. REC'I	BY REGISTRA		TRAR'S SIGNATI	

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MARYLAND STATE DEPARTMENT OF HEALTH_RALTIMOPE 18

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	1412-4	it i artito of	AIS OF ARTIME	IVI WI IIEMEIII	DALIMONE,	
130	36	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	
7021	UU					Reg. Dist. No.

0	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY MONTGOMEN MARYLAND	o. STATE mel b. COUNTY montes
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and girm nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
	Brookmont 12 ths	X Brokemont
и	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	dy STREET ADDRESS e. IS RESIDENCE ON A FARM?
0	4002 Virgania Place	4002 Use Place YES NO
	3. NAME OF DECEASED First Middle	Lost 4. DATE Month Doy Yeor
	(Type or print) Herbert Laureline Carol	Kins DEATH Des 22 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 14 AR IF UNDER 24 HRS.
	male wide widowed Divorced	11-6-1860 98 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	2 4 4 0	mass. M.S.C
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Inchan Caulkins	Louise Couldell
	15. (WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANY Address
	C1	harles Carollen (son) Them -
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: City Conque	Tive Rices h Parkers Onset and Death
	434.1 DUE TO	Jan College
	Conditions, if ony, which) (b)	1 Il wom
	gave rise to immediate couse (a), stating the underlying DUE TO	The state of the s
	couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	\$	PERFORMED?
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO STATE OF DEATH BUT NO	ster noture of injury in Part I or Part II of item 18.)
		E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	Hour o. m. White Not white of work of work	ry, sireer, office diag., etc.)
7	21. I certify that I took charge of the remains described above	re, held an Autopsy . Inspection . Inquiry . ond in my
	opinion death resulted from: Natural couses . Accident	
	1 1	
	SIGNATURE Jeget & Droschart	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
7	STORAGE STATE OF THE STATE OF T	ASSISTANT MEDICAL EXAMINER
76	NAME (Type) FLANK J. Brosch 2 it	DEPUTY MEDICAL EXAMINER 1 12-22-38
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, town, or county) (Stote)
	removal 12/26/58	
	23. FUNERAL DIRECTOR'S SIGNATURE 2007 APPRESS ST N	Watertown Mass
	The S.H. Hines Co. Washington 9. D	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute it extititions, writing the ward "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the fundamentary, please 4 should corwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain, or your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

FIATE SKILL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. PLACE OF DEATH		937	CENT		TE OF DEATH			Reg. Dis	it. No. 2	215
Montgomery			MAR	YLAND	2. USUAL RESIDENCE (WHO STATE District of	colum	l lived. If instituti	an: Residenc	ce before o	admission)
b. CITY OR TOWN (If	orest town)	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If o				ive neares	t lawn)
Bethesda d. NAME OF HOSPITA	(Rural)		24		Washington			L/X-	5	1
OR INSTITUTION	400				d. STREET ADDRESS				e. 1	S RESIDENCE
U.S. Naval	Hospital,	Bethe	sda Md.		5023 Chadwi	ck Cou	rt		Y	ES NO K
NAME OF DECEASED (Type or print)	Fir Herbe	rt	(n)		CHAPMAN	4. DATE OF DEATH	Decemb		Doy 24	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARR	RIED 8.	DATE OF BIRTH					UNDER 24 HRS
Male	White	WIDOWED	DIVORC	ED 2	21 August 19	09	last birthday)	Months	Days H	ours Min.
0a. USUAL OCCUPATIO	N (Give kind of work	dane 10b. KI	IND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (State			12. CITI	ZEN OF V	VHAT COUNTI
during mast at worki	ng`life, even if retired		.S. Navy		Mississi	nni			U.S.	
3. FATHER'S NAME			101 11013		14. MOTHER'S MAIDEN N				0.0.	
Charles R.					,) DENI	NO			
5. WAS DECEASED EVER	IN U. S. ARMED FOR		DCIAL SECURITY NO	O. 17. INFO	ORMANT		Add	ress		
	WII	ervices		Wife	Louise C.	CHAPMA	N (Same	as #2)	
581.0 Canditions, if an		ae	zhenn	u's	desease				2-	- 3 year
cause (a), stating th			0							9
PART II. OTHI	ER SIGNIFICANT CON	DITIONS CO			OT RELATED TO THE TERMI (Enter nature of injury in f			'EN IN PART	F	ERFORMED?
PART II. OTHI	E UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	DITIONS CO	URY OCCURRED Not while	OCCURRED. (Part 1 or Part	II of item 18.)		F	es NO
1 lying cause tost. PART II. OTHI 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER. NOTIFY A DOLL OF INJURY Hour o.m., p. m. 21. I certify the alive on 21 D ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	E UNDERLYING CONTROL (CONTROL CONTROL	20b. DESCR 20b. DESCR 20d. INJ While of work deceased 19 50	URY OCCURRED Of while of work If from. 15 S , and the	20e. PLACI factor t death a	(Enter nature of injury in f E OF INJURY (Home, form ry, street, office bldg., etc. , 19 58, to 24 accurred at 12:07	Part 1 or Part 20f. (City Pecem P.M. fram ADDRESS (SI HOSPI	or town) iber, 19 5 the causes of reet, city or town, tal, NNM	Shat I loand an the state) IC , Be to	ounty) ast saw ne date	(State the deceasestated aba DATE SIGN
1 lying cause tost. PART II. OTHI 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify the alive on 24 D ACTUAL SIGNATURE PHYSICIAN'S	E UNDERLYING CONTROL OF DEATH AEDICAL EAMINER) Month, Day, Year 19 at I attended the ecember Tames M. YO	20b. DESCR 20b. DESCR 20d. INJ While of work deceased 19 50	URY OCCURRED Not while of work I fram. 15 \$8, and tha	20e. PLACI factor lept t death a	(Enter nature of injury in f E OF INJURY (Home, form ry, street, office bldg., etc. , 19 58, to 24 occurred at 12:07 b. U.S. Naval U.S. Naval	Part 1 or Part 20f. (City Decem P.M. from ADDRESS (Sh Hospi Hospi 22d. LOCAT	or town) iber, 19 5 the causes of reet, city or town, tal, NNM	Shat I le and an the state) C. Bet Bet cr county)	ounty) ast saw he date he sda	(State the decease parts sign

nerol director, d be fifted with TO HOSPITAL ORNATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shifthe registrar priar to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A1S (4) 1SM 10/S7

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nyafaran dan dijir a di a tarihin 20,206 bara		
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		Part of the same
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VS A15 (4) 15M 9/55

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remove	carbon	e carbon papers.	Pages	puo	I and Z mould t	ld be filed with	
2 hours of	other de	eath.				(

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13938 **CERTIFICATE OF DEATH**

13894 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYLAN	o. STATE	esid ence (whe	re deceosed	b. COUNTY			
b. CITY OR TOWN RURAL and give r Betheso	tgomery (If outside corporate limi nearest tawn)	ts, write	c. LENGTH OF STAY IN 1	b c. CITY C		tside corpor	ote limits, write R	tgom URAL end g		
d. NAME OF HOSPI	n Hsopital	ive street o	Doddress)	d. STREE	T ADDRESS Middlet	ton La	ane		1	ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	WILLIAM		Middle NALDSON	CLARK	Lost	4. DATE OF DEATH	Mon Decei		Doy 14	
5. SEX Male	6. COLOR OR RACE White	7. MARR	DIVORCED		1RTH 24. 1872		9. AGE (In years last birthday) 86 yrs.		Days	IF UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPATI during most of wor Ret.		done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTI	HPLACE (Stote o	r foreign co	untry)		US	F WHAT COUNTRY
13. FATHER'S NAME					R'S MAIDEN NA	AME				
Frank Cl		cesa lu	COCIAL CECURITY NO. 11	Uni	known		Add			
(Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		None None	Helen C	lark Sh	naw-It		1033		
PART I. DE 450.0 Conditions, if a gove rise to couse (o), stoting lying couse lost	the under-) (ONTRIBUTING TO DEATH	run C	juloli S Ire	und	lml		ONS	RVAL BETWEEN ET AND DEATH Craulial
CATIC			CRIBE HOW INJURY OCCU					VEIN IIN FAKI	1(0)	PERFORMED? YES NO
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DESC	TRIBE HOW INJURY OCCU	KKED. (Enler holor	e or injury in re	011 1 01 1 011	11 01 11011 15.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. It While at work	Not while	PLACE OF INJUR factory, street, of	Y (Home, farm, ffice bldg., etc.)	20f. (City	ar town)	(C	County)	(State)
olive an actual signature PHYSICIAN'S NAME (Type)	hat I attended the	., 19.5 0	and that de nuvar Mil 8016 Old Ge	m.b. Sorgetow	0/6 S n Rd. , I	der (eur	the couses of reel, city or town, sda, Md.	and on the		the deceased the stated above DATE SIGNED
BURIAL CREMATI	ON, 226. DATE THEREO $12/17/3$		22c. NAME OF CEMETER Cedar Hill				and, Md			(Stote)
23. FUNERAL DIRECTOR Robert A		y, Be	thesda, Md.			BY REGIST		STRAR'S SIC		

.tvo: New York, N.Y. STRING CHEER SDGN SECURITY AND ALL RECEIPED AND ADDRESS OF THE COLUMN PROPERTY AND ADDRESS OF THE COLUMN PARTY. Sold Old Georgetown Ed., Beinesch, Md.

Hobert A. Fumphirey Betnesda, Md.

Surfand, Md.

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VS A15 (4)

15M 10/57

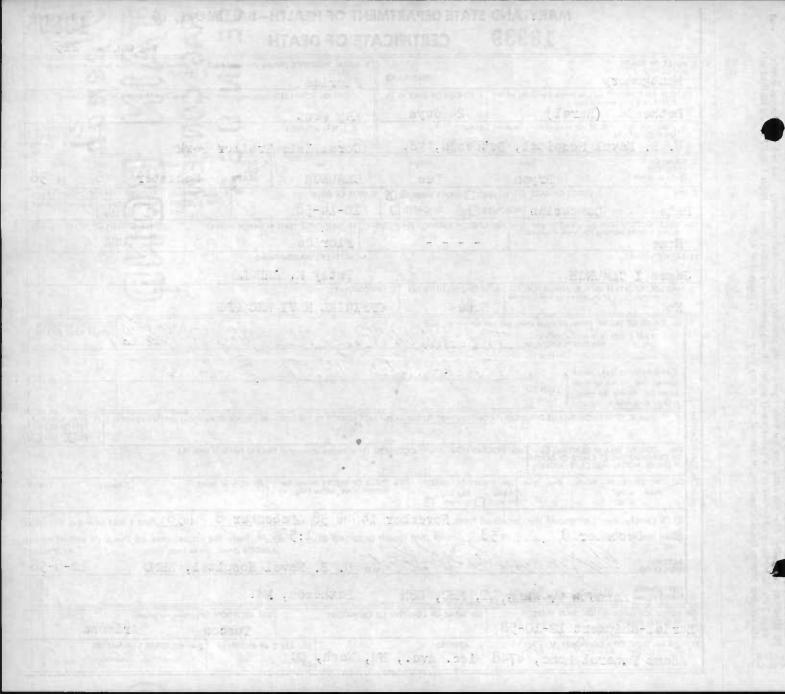
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13939

CERTIFICATE OF DEATH

13895 215

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Montgomery Florida b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) (Rural 24 days Bethesda Kev West d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? U. S. Naval Hospital, Bethesda, Md. YES NO IX Coral Isle Trailer Park NAME OF First Middle 4. DATE Year DECEASED 58 (Type or print) Lee CLAUNCH DEATH December Bryan 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours DIVORCED | 10-14-58 Male Caucasian WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Florida USA None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James I CLAUNCH Patsv R. ARNOLD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) No None OFFICIAL NAVY RECORDS 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES X NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.1 Haur a. m. While Not while at wark at wark 21. I certify that I attended the deceased from November 14, 19 58, to December 8, 1958, that I last saw the deceased , and that death accurred at 1:58A M, from the causes and an the date stated above. alive on December ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 12-8-58 S. Naval Hospital, NNMC PHYSICIAN'S NAME (Type) Kenneth W. SELL, LT, MSC, USN Bethesda, Md. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) Burial-Shipment 12-10-58 Tuscon Arizona 23. FUNERAL DIRECTOR'S SIGNATURE JUNE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Adams Funeral Home, 4748 Wisc. Ave., NW, Wash, arthur S. Trays



FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the fiscate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral potor. Page 4 should be perwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. 75

88

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13898

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13865 Rea. Dist. No.

1. PLACE OF DEATH O. COUNTY MONTGOMENY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If auticle corporate limits, water RURAL c. LENGTH OF STAY IN 16 and give hearest town) A C MA TOWN TO THE STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 437 Colar St. M.W. YES NO IT
3. NAME OF First Middle	Loss 4. DATE Month Day Year
(Type or print) Lora E.	1 Clement DEATH 12 - 17- 1938
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	DATE OF BIRTH 1-16-8390 9. AGE In years IFUNDER TYEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST Eduring most of working life, even if retired) Editor for Hagazine Reviews Herald	RY 11. BIRTHPLACE (State or foreign country) 8 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elw. Clement	Melysa Raulein
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [19s. no. or unknown] (If yes, give war or dates of rervice)	Address Address
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL DETWEEN
PART I DEATH WAS CAUSED BY	ONSET AND DEATH
SIO X IMMEDIATE CAUSE (a) Augustatus (3 caps
Conditions, if any, which gove rise to immediate couse (b) Chebral Con Euc	sion + educa & day
(a), stating the underlying DUE TO Struck by an	ito 12-9-13
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO FA
200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH.	inter nature of injury in Part I or Part II of item 18.)
3 20c, TIME OF INJURY Month, Doy, Year / 20d, INJURY OCCURRED 20e, PLAC	COF INJURY (Home, form, 120f, (City or town) (County) (Stote)
	Street office bldg. etc.) (lkshugin De.
21. I certify that I took charge of the remains described abo	ve, held on Autopsy . Inspection . Inquiry . ond in my
opinion death resulted from: Noturol couses . Accident	Suicide , Homicide , Undetermined monner
SIGNATURE Trank J. Brozehout	_M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S FAANA T Broschant	ASSISTANT MEDICAL EXAMINER DI 12-17-58
220. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR BREMOVIA (SOCIETY) DEC 19, 1958. GEORGE WASHING	CREMATORY CEM, RIGHTS KO. HUATTSVILLE, LOGIT C.M.
23 LUSTERAY DIRECTORS GNATURE ADDRESS WASH	12 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE OADEC 2 2 58 Children & Transa

246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATEDEC 2 3 '58

	1394	0 CERTIFIC	ATE OF DEATH	1		Reg. Di	st. No.	19098
PLACE OF DEATH	tgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylar	ere deceased	lived. If instituti b. COUNTY	on: Residen Mont	ce before	odmission)
	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o					
Bethe		2 days	Silver Sprin	ng -	56			
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give stre		d. STREET ADDRESS	7	1			IS RESIDENCE ON A FARM?
	Suburban Ho			Lane				YES NO I
DECEASED (Type or print)	First Mary	Middle Emma	Coar	4. DATE OF DEATH	Decemb		Day	Year 19 58
. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)			F UNDER 24 HRS.
Female	White wibo	WED DIVORCED	February 6.18	375	83 yrs.	Months	Doys	Hours Min.
00. USUAL OCCUPAT	ION (Give kind of work done 10	6. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CII	IZEN OF	WHAT COUNTRY?
Homema	orking life, even if retired)		Burtonsvil	le M	arvland	U	.S.A.	
3. FATHER'S NAME			14. MOTHER'S MAIDEN N		ary rand	1		
	rge Duvall-Coas		Catherine I	Emma M				
5. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? 1 (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT Husbar	nd	Add			
		217-85-2499 V	Villiam Thomas	Coar		As	abor	<i>r</i> e
The second secon	EATH [Enter only one cause per	line far (a), (b), and (c).]	, ,	,				VAL BETWEEN T AND DEATH
PART 1. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(erebral	hemonho	190				
1443X	DUE TO	, ,	1. /	/	,	/ /	/	
Conditions, if	ony, which) the A	upertensivo	Ortonoschen	cho	hear 1	di	dar-	
gave rise to couse (a), statin		/						
lying cause las								
PART II. O	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE JERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19.	WAS AUTOPSY
Ĭ.	Congest	wo how	to hero					PERFORMED?
20a. ACCIDENT V	VAS UNDERLYING [] 20b. D	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Port I or Por	t 11 of item 18.)			
OR CONTRIBUTION (IF EITHER, NOTIF	IG CAUSE OF DEATH	None						
20c. TIME OF INJU	A Brace 10 Whi		PLACE OF INJURY (Home, form factory, street, office bldg., etc		or town)		County)	(State)
21. I certify	that I attended the dece	ased from Aug.	4 , 1955, to	Pres	ent 19	that I	last sav	v the deceased
alive on	D.ac. 18 19		th accurred at 345	_				
		11/			reet, city or town,			DATE SIGNED
ACTUAL	Jan 13.	Umhan	M.D. 8805	60	WW.	ALL		12/19/58
PHYSICIAN'S /	CONV B.	UMHAU	CHEXY	CHI	45E	15	1	ND
20. BURIAL, CREMAT	ION, 226 DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town,	or county)		(State)

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

	(A) CERTIFICA	
Manager of the same of the sam		
Ting of the control o		
		The same of the sa
		CHINA CANADA CAN
		Alternational Committee of the Committee
	201004	

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Poge 4

TO HOSPITAL OR TO FUNERA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13941 **CERTIFICATE OF DEATH** 13898

	keg. Dist. 146.
1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
BetHESDA BUDYS	Washington 47x-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SUBURBAN	1629 Calumbia Rd. N W YES NO P
3. NAME OF DECEASED (Type or print) C . E L Me R	Lost 4. DATE Month Day Year OF DEATH DEC 5 19.5
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of warking life, even if retired) Sales MANAGE	Balto MARVLAND. 45.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES E COLEMAN	MARGARET SHER WOOD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	Hospital Records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BATWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY:	34 1/18
502.0 DUE TO	
Canditions, if any, which gave rise to immediate (b) IVACINCO PYONGNI	is and pronchopneumonia 1 4ays
course (a) stating the under (DUE TO AT	on any emphysema years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT SPONTANCE OF CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH IIE EITHER NOTIFY MEDICAL EXAMINER	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) P. WAS AUTOPSY PERFORMED? YES DINO
	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State)
Hour a. m. p, m. 19 While Nat while of work	and the stage, etc.)
21. I certify that I attended the deceased from 11-27	1950, to 12-5-, 1920, that I last saw the deceased
alive an 1255, and that death	
SIGNATURE GORAS T. THAY OV.	M.D. 104 MOULE CONSERVE STORE
PHYSICIAN'S George AGRAY TR. MD	. Chery Chase 15 Md
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
burial 12/8/58 Loudon Parl	k Cemetery Baltimore, Maryland
The S.H. Hines Co. 2901 14th St.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DE DEATH	18941 CERTIFICATE C
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13942 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Files. Heolih, O. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN IIf outside corporate limits, write RURAL and give nearest town) 200 40 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE Month Doy Year DECEASED 58 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF FIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Days Hours WIDOWED [DIVORCED [10a/USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Offi Conditions, if any, which gave rise to immediate cause DUE TO (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY pasa PERFORMED? 0 NO V 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part 11 of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry F. and in my opinian death resulted fram: Notural couses , Accident , Suicide . Hamicide . Undetermined manner CTOR DIRE DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, town, or county) REMOVAL (Spegify) 40 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR

VS. A15ME 5M 2/57

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24b. REGISTRAR'S SIGNATURE

TO SEE THE DICAL EXAMINER'S CHETHICATE OF DEATH

VS A15 (4)

15M 9/55

rlington Funeral Home

12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Mrs Frances Parker 1802 Key Blvd. Arlington, Va. INTERVAL BETWEEN ONSET AND DEATH 20 min. PERFORMED? YES NO (County) (State) and that death accurred at 9:401M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 9703 Riggs Rd., Adelphi, Md. 22d. LOCATION (City, town, or county) (State) Missouri **PADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Jomes 3901 North DATE Arlington,

Rea. Dist. Na.

Months

e. IS RESIDENCE

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IF UNDER 1 YEAR IF UNDER 24 HRS.

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ON A FARM?

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led with	1	1. PLACE OF DEATH o. COUNTY MOI	ntgom
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and 2 should be	90	d. NAME OF HOSPIT OR INSTITUTION Carroll	AL (If not in h
Pages 1 an		3. NAME OF DECEASED (Type or print)	M
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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND erv Indiana orote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) St. Paul ospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO First Middle Lost 4. DATE Manth Day Year CRIPPEN IGNOW DEATH DEC 1958 OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Female DIVORCED T White WIDOWED Y 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Indiana U. S. A. At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Jefferson de Catherine Jane Dickey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Child's Road Mrg. Geo. Lumsden. Basking Ridge, N.J. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HROM BOSIS **DUE TO** RIERIOSCLEROSIS Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the under-YPERTENSION lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. n. Not while p. m. at work af work 21. I certify that I attended the deceased from AUG. , 1958, to DEC. 2 1958 that I last saw the deceased and that death accurred at 6:45 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S Henry M. LOWDEN NAME (Type) BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Cemetery emoval aul Indiana 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

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o. COUNTY	Montg		MARYI	II a STA		_	d lived. If institu b. COUNT	Υ	ence before	are admis	sion)
RURAL and give or	f outside corporate limitagrest town)		c. LENGTH OF STAY I				rate limits, write	RURAL and	d give ne	arest taw	n)
Galth	ersburg.		. 63 yrs		laither	rsbur	e Ru	ral			
d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in haspital, g	jive street o	ddress)	/d. STR	R F I	43				ONA	FARM?
3. NAME OF DECEASED (Type or print)	Forrest	-	Middle Frankli	n C:	COMI	4. DATE OF DEATH	De c	17	D		Yeor] 9 19 38
s. sex	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRIE			395	9. AGE (In years lost birthday) 6.3yrs	Months		R IF UND Hours	ER 24 HR
100. USUAL OCCUPATION during most of world range r	ON (Give kind of wark king life, even if retired	dane 10b. 1	Harning	0.71			ountry) F. Rural	400	U S	OF WHAT	COUNT
13. FATHER'S NAME			KEN LES	14. MOT	HER'S MAIDEN	NAME			A	- N/ &	100
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IS. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFORMANT	-	41-1-11		dress		- 53	- 3
(10s, no. or omnown)	(ii yes, give wor or odies or t	arvice]		Rub	y Bri	's Ci	rown. G	oith	OTE	מיו נוכל	r . d
gave rise to i cause (o), stating lying cause last.		:)(ONITRIBILITING TO DEA	THE BLIT NOT BELAT	ED TO THE TERM	UNIAL DISEAS	5 CONDITION C	EVENI INI G	APT 1(a)	10 WAS	AUTORS
OIT PARTITION	TER SIGNIFICANT CON		circ.	OII NOT KELAT	ED TO THE TERM	IIIAL DISEAS	E CONDITION G	IAEIA IIA CA	aki i(o)	PERFC	ORMED?
(IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CCURRED. (Enter na	ture of injury in	Part I or Por	t II of item 18.)				1
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	20d. IN While at work	Not while	20e. PLACE OF INJ factory, street,	UNY (Home, farm affine bldg., etc		r or town)		(County))	(State
21. I certify th	nat I attended the	decease	and a		(t. , 16)		2 19.5				
alive an	hell	, 19	and that	death accurre	196		n the causes treet, city or town		the do		ed abo
ACTUAL SIGNATURE	7/39	Tu	thurry		26 11.	-	renet L	Elle.		12	Lis
PHYSICIAN'S NAME (Type)					120	cetta	retrug	May		/	
220. BURIAL, CREMATIC REMOVAL (Specify)			ROCKV17	TERY OR CREMATO			TION (City, town,	or county) M	(Star	te)
23. FUNERAL DIRECTOR	day and	Tex :	ADDRESS		24a. REC	D BY REGIST	TRAR 245. REC	ISTRAR'S	SIGNATU	RE	
Ernest	C. Gartne	r, G	aithersbu	urg. Ild.	DATE	EC 2 2	30	~~~~			

TO FUNERAL DIVECTOR: After this certificate has been signed by the attending physician and campletely filled in by Juneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A1S (4) 1SM 9/SS

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours offer death; Page 4	TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours affer death.
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15/	N 9/55

	2000	CERTIFICA	ALE OF PEATI		Reg	. Dist. No.	
	PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Whe	10-	d. If institution, Res b. COUNTY	idence befare a	dmission)
	b. CITY OR TOWN (If autside corporate limits, wafte RURAL and give nearest tayn)	NGTH OF STAY IN 16	c. CITY OR TOWN (IF OU	50	limits, write RURAL o	and give necrest	town)
	d. NAME OF HOSPITAL (If not in hospital, give street addres OR INSTITUTION WASHINGTON SAM. 7	s) 0 S P	d. STREET ADDRESS	EKS	LANE		S RESIDENCE ON A FARM? ES NO 🔀
	NAME OF First DECEASED (Type or print) ELIZABET	Middle H LAVINI	A CRUM	4. DATE OF DEATH	Month 12	Doy 5	Yeor 1958
5. \$	SEX F 6. COLOR OR RACE 7. MARRIED WIDOWED W	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2 - 20 - 72	9. A	GE (In years IF UN sist birthday) Mant	IDER 1 YEAR IF I	UNDER 24 HRS. ours Min.
	USUAL OCCUPATION (Give kind of work done 10b, KIND during most of working life, even if retired) HOUSEWIFE A	- 1/ -	MAKYLA	ND	y) 12.		S P.
13.	FATHER'S NAME NOT KNOWN		14. MOTHER'S MAIDEN N	AME KI	voun		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA 1. no. or unknown) 11 yes, give wor or dates of service) 1578-	L SECURITY NO. 17. 1 12-78310	HESPITAL	CH	Address ART		
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(a), (b), and (c).]	Mirani	llos	LI	INTERV	AL BETWEEN AND DEATH
	420. Due to Canditions, if any, which	ellera	of lorns	1'1			min, b
	gave rise to immediate couse (a), stating the <u>under</u> DUE TO lying couse lost.						
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIVEN IN	P	WAS AUTOPSY PERFORMED?
CERTIFI	200. ACCIDENT WAS UNDERLYING (CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I ar Part II o	f item 18.)		
MEDICAL			ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)		own)	(County)	(State)
	21. I certify that I attended the deceased fr	1 1 1	, 19.5.£., ta	12/5	, 19_5stha		
	ACTUAL SIGNATURE	and that death	M.D. BE	ADDRESS (Street,	city or town, state) ROBIN, N	I.D.	DATE SIGNE
	PHYSICIAN'S NAME (Type)		87: SII		ING, MARYL	AND	
70	REMOVAL (Specify 22b. DATE THEREOF 22c.	NAME OF CEMETERY O	SHELOXEY	22d. JOCATION	(City, town, fr cour	(עור	(Stote)
23	FUNERAL DIRECTOR'S SIGNATURE When Walters, 254	Carroll SV X	WW. C DATE D	BY REGISTRAR	24b. REGISTRAR'	S SIGNATURE	4
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1. PLACE OF DEATH o. COUNTY

3. NAME OF DECEASED (Type or print)

5. SEX

CATION

WEDICAL

Male

13. FATHER'S NAME

b. CITY OR TOWN (If or RURAL and give neare Beth

d. NAME OF HOSPITAL

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED [

hite

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

DUE TO

DUE TO

Doy, Year

21. I certify that I attended the deceased from 12-5-58

berg Feneral Home

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

While

20d. INJURY OCCURRED

Not while of work at wark

22c. NAME OF CEMETERY OR CREMATORY

during most of working life, even if retired) Architect

PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

Conditions, if any, which gove rise to immediate

couse (o), stoting the underlying couse lost.

20c. TIME OF INJURY Month,

Hour o. m.

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

alive an__ 12-8-58

220. BURIAL, CREMATION, 22b. DATE THEREOF

MARYLAND	STATE DEPARTM	ENT O	F HEALTH	-BALT	IMORE, 18		
13946	CERTIFICA	ATE O	F DEATH	1	Reg. Dis	t. No.	39
ontgomery	MARYLAND	2. USUAI o. STA	RESIDENCE (Who		b. COUNTY Prince		
itside corporate limits, write	c. LENGTH OF STAY IN 16	c. CIT	Y OR TOWN (If o	utside corporo	te limits, write RURAL and g		
esda	4 days	Mt.	Rainier		16 16.2		
(If not in hospital, give street	oddress)		REET ADDRESS			0. 15	S RESIDE
Suburban Hosp	ital	4103	32nd St	reet			S N
First	Middle		Lost	4. DATE	Month	Day	Yeo
Edward	A		Curtis	DEATH	December	9	19/

January 10, 1893

14. MOTHER'S MAIDEN NAME

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

8. DATE OF BIRTH

Hospital Record

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)

foctory, street, office bldg., etc.)

17. INFORMANT

DIVORCED [

10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

Government

December

yes.

Address

Months

9. AGE (In years last birthdoy)

NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY

ADDRESS (Street, city or town, state)

22d. LOCATION (City, fown, or county)

talls Chel

24b. REGISTRAR'S SIGNATURE

C . 5 S. Thairs

____, and that death accurred at 315 A_M, from the causes and an the date stated above.

24a. REC'D BY REGISTRAR

19/58

Min.

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Doys

U.S.A.

(County)

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death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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eo. Dist. No.

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		40			Reg. Dist. No.
1, PLACE OF DEATH o. COUNTY Montgome	179	MARYLA	O STATE	nere deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN RURAL ond give Bethesda	(If outside corporate limits, w nearest town)	c. LENGTH OF STAY IN		outside corporote limits, write RU Janeiro	RAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION The Clin		rreet oddress) Bethesda 11. Me	d. STREET ADDRESS Resider	nce Nicterei	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Margare		Dias	4. DATE Month OF DEATH December	
Female	T.71. J. A.	MARRIED NEVER MARRIED	7 73.2		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
00. USUAL OCCUPATE during most of wo Chil	rking life, even if retired)	None	NDUSTRY 11. BIRTHPLACE (Stole		12. CITIZEN OF WHAT COUNTRY Brazil
3. FATHER'S NAME	lfredo Dias		14. MOTHER'S MAIDEN N		
	ER IN U. S. ARMED FORCES? [If yes, give wor or dates of service]	16. SOCIAL SECURITY NO.	7. INFORMANT The Med The Clinical (Vani (Unknow dical Record Addre Center, Bethesd	255
Conditions, if gove rise to couse (a), stoting lying couse lost	ony, which immediate the under- (b) DUE TO (c)	of Fallot.	BUT NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY
20a. ACCIDENT W			JRRED. (Enter noture of injury in		PERFORMED? YES A NO
(IF EITHER, NOTIF	RY Month, Doy, Year 2	20d. INJURY OCCURRED 20d	p. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	. 20f. (City or town)	(County) (State)
21. I certify to alive on Detactual signature Physician's	Cember 10 Clam P. C	1958,, and that de	The Clini The Natio	Amber 10, 19 58. M. fram the causes an ADDRESS (Street, city or town, st. cal Center and Institutes 14, Maryland	12-11-58
Removal (Specify	12/14/58	22c. NAME OF CEMETER		22d. LOCATION (City, Iown, or Rio de Janei	ro, BRAZIL
23. FUNERAL DIRECTOR	SAGNATURE	ADDRESS 175/0 Ha.	Qo. 2011 DATE 12	D BY REGISTRAR 24b. REGIST	trar's signature

funeral director, ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nature may be retained the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar priar to burial, crematian, at removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/5S

		There's	during the		**=
			Parties willow ?		The state of
			arrak Sir -		nethoden
	Long to 2	Boomy (202)	W. W. Madd	dienter, Es	olizza pin
	требезови на				
		Der frankliche	Daniel Da	man di pike noncono manya di Barahi	ell activities
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-11- 1 dalsof 16	gadul Stafe	Length P. C.		College . Free L	
,	Anna i - th				
			12.00		

>

22c. NAME OF CEMETERY OR CREMATORY

13907

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

(County)

ON A FARM?

YES NO IN

Yeor

ADDRESS (Spreet, ci	causes and an the date stated above. by or lown, state) ATE SIGNED
	City, town, or county) (State) WILLE, MONTE CO. Md.
240. REC'D BY REGISTRAR DATE DEC 3 1 '58	246. REGISTRAR'S SIGNATURE ONLY S. Kraus
B 81-10. 4 10 H	

may be reto he 0 VS A15 (4) 15M 10/57

220. BURIAL, CREMATION,

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

FOR STATE HEALTH DEPT

PLACE OF DEATH

B&ORR

Montgomery

d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street addr.

Brav

6. COLOR OR RACE 7. MARRIED T NEVER MARRI

WIDOWED [

Crossing

Lillia n

white

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Of during most of working life, even if refired)

NOUSOWITO

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

DUE TO

DUE TO

(b)

(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA

IMMEDIATE CAUSE (a)

b. CITY OR TOWN III outside carporate limits, write RURAL

Garrett Park

John W. Bray

Conditions, if any, which

gave rise to immediate cause

(a), stating the underlying

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

a. COUNTY

3. NAME OF

5. SEX

No

CERTIFICATION

MEDICAL

2

DECEASED

(Type or print)

13. FATHER'S NAME

cause last.

famala

Foge files. Health, 10.5 AMINER: This certificate should be executed within 24 hours ofter death. If ony deloy is ne writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral of to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Box is prior to burial, cremation, ar removal, and in any eyest within 72 hours after death. execute the confidence.

4 should be it provided to
O FUNERAL DIRECTOR: P
or its designated panel

40 VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13950 MEDICAL EXAMIN

MAR

C LENGTH OF STAT

DOA

Dve

Own home

16. SOCIAL SECURITY NO None

Compound Fr Multiple Inj

a uto struck

Middle

DIVORCED

ER'S	CERTIFICA		DEATH		Dist. No	139	08
YLAND IN 16	2. USUAL RESIDENCE (Vo. STATE Mary c. CITY OR TOWN (III	land	b. COUNT	Mor	ıte_		
	X Garrett	Park					
ess)	d. STREET ADDRESS		se Ave.				A FARM?
	Lost	4. DATE OF DEATH	Month Dec 27	195	Day		ear
ED [] 8	2/24/77		9. AGE (In years fast birthday) 81 yrs.	Months	Doys	Hours	ER 24 HRS. Min,
INDUST	Wash. 1 14. MOTHER'S MAIDEN I Ellen Spofi	D.C.	country)	12. CI	USA		COUNTRY
	NFORMANT lliston L. D		9709drBe			r.	
	re of skull s				INTER	IVAL BETW	
	s Extreme				S	udde	n
by t	train						
TH BUT N	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	EN IN PAI			AUTOPSY PRMED?
RRED. (E	nter noture of injury in Por ruck by frei	ght tr	of item 18.) ain at B	& 0	cros	sing	
RR	CE OF INJURY (Home, farm ory, street, affice bldg., etc Crossing	.) :	rett Pk.		ntg	Md	(State)

		PERFORM (ES 🔀 🗈
CAUSE OF DEATH.	Operator of auto struck by freight train at B & O cros	sing
12: 27 P. m. Month, Doy,	Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) While of work of wor	Md.

21. I certify that I took charge of the remains described obave, held an Autopsy , Inspection , Inquiry , opinion death resulted fram: Natural causes [], Accident [4], Suicide [], Hamicide [], Undetermined manner

ACTUAL DATE SIGNED

CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) Frank J. Broschart

12/27/ 58 DEPUTY MEDICAL EXAMINER TO 22d. LOCATION (City, town, or county)

Burial (Specify)	12/30/58	Arlington National	
DO FUNIEDAL DIRECTORIS	CALATURE	ADDRECC	In.

Robert A. Pumphrey-Bethesda, Md.

Arlington, Va. 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

DATE JAN 2 arthur S. Thous

(State)

			Carton and
	1 100 (1010)		
	The second second		THE PROPERTY.
	Monte of Lifet		comparative States
		ogt one	Caratan (Ed)
	z/se/ty		
	.p.ff .ligatio		
	honlost neffit		out H Bittle
atra Larenta. .bugabanta .buga		atal anok business anok business are for a second anok business are second as a second anok business are second as a second anok business are second as a second a	
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all street the str	sum allient	NE PARTY LES	AND THE RESERVE
		District the said	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	30-10-1-12	2gm(ob)	one in plant the same
ton, va.	anibia func	Arlington Natio	
		v-Retnesday Mel.	endquipti - Predeti

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

A THE RESIDENCE OF SHARE STREET, BUT HE SHARE SHOULD SHARE STREET, AND THE SHARE SHARE SHARE SHOULD SHARE SH the Party of the State of the S The second of th Note that the property of the property of the property of the party of to the Miller of the Control of the THE THE PERSON OF THE PERSON O

e. IS RESIDENCE ON A FARM? YES NO

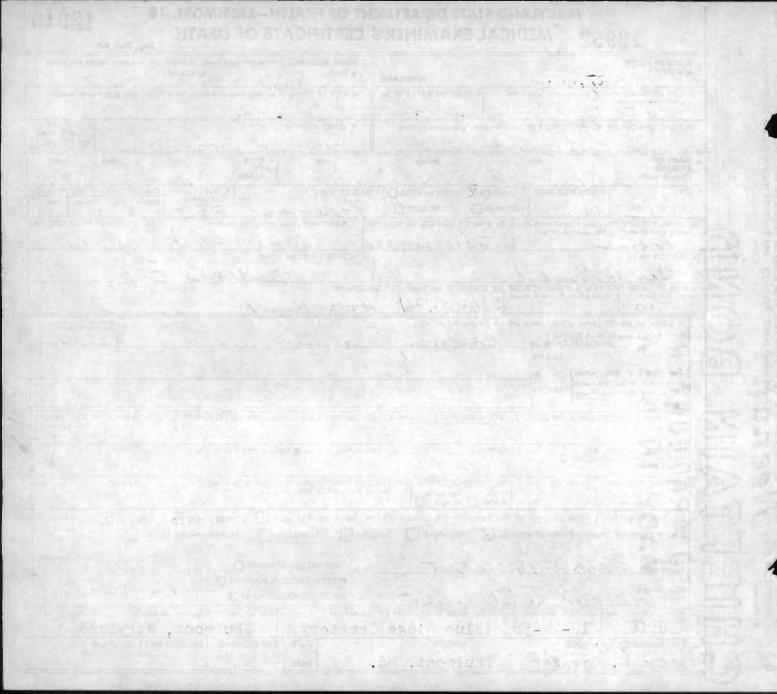
Reg. Dist. No.

12. CITIZEN OF WHAT COUNTRY?

Inquiry X, and find that

2.			Keg. Dist. 140.
emale		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decease	ed lived. If institution: Residence before admission)
9		a. COUNTY MARYLAND G. STATE	b. COUNTY Manala
4		b. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, wite RURAL C. CITY OR TOWN (If outside corporate limits, wite RURAL C. CITY OR TOWN (If outside corporate limits, wite RURAL C. CITY OR TOWN (If outside corporate limits, wite RURAL C. CITY OR TOWN (If outside corporate limits) C. CITY OR TOWN (If ou	porate limits, write RURAL and give nearest town)
		ond give nearest toyrn	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e IS RESIDENCE
es.	99	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 443 Blan	ford aux YES NO
E 5	5	3. NAME OF First Middle Lost 4. DATE	Month Doy Year
You		(Type or print) William Reathers & Death	12 22 1958
for	D	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IFUNDER TYEAR IF UNDER 24 HR
ped +		Mel WIGHT WIDOWED DIVORCED 9-16-20	lest birthday) Months Days Hours Min.
0		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign of	
25		during most of working life, even if retired)	01/1/1000
y be		13. FATHER'S NAME	HN 9 124.3.CL
moy		14. MOTHER'S MAIDEN CAME /	6.
in i		Seo. 12. Tuglish Paril	ine BIX
Poge File po	2	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wor or dates of service)	Address
		10 80-05-6361 Hosel Rund.	
P.M.3		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	}	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Coronary declusion	andelin
farm		1420.1 DUE TO	7,500
with fa		Condition of any start	after one contracts
3 4		gave rise to immediate cause	
plong		(a), stating the underlying DUE TO	
0		cause last. (c)	
Fig		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0.5	0	3	YES NO
ner	p	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II	of item 18.)
		PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
Fxam	3	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City	or town) (County) (State)
8 %		Hour a. m. While Not while factory, street, office bldg., etc.)	
ed.	n n		
W.			rspection , Inquiry , ond find th
hie O		deoth resulted from: Noturol couses 3, Accident , Suicide , Homicide , U	ndetermined couse .
E CO		1	DATE SIGNIST
2		SIGNATURE Frank Of Mose hart M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
P	5 2	ASSISTANT MEDICAL EXAMINE	RD 12 0 - 01
worded	removo	EXAMINER'S FANK J. Broschent DEPUTY MEDICAL EXAMINER [12-22-58
N N			TION (City, town, or county) (State)
200	ō	REMOVAL (Specify)	urmont, Maryland
-	The second	234 PUNERAL DIRECTOR'S ANATORE ADDRESS 240. REC'D BY REGIST	
A15ME	E(S)	Lagrand to Olling	
A 9/55	144	Raymond E. Creager Thurmont, Md. DATE DEC 2 9	

5M 9/55



DE ATLA			
	19399	Reg. Dist.	No.
	13953 MEDICAL EXAMINER'S CERTIFICATE OF DEATH		
	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	1391

1,	o. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE
-	b. CITY OR TOWN III outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
N	and give nearest town)	
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS R-3
	S. TOTALE OF HOSTINE OK HOSTIONOM (In not in nusprior, give sireer obdress)	ON A FARM?
=	NAME OF Siret Middle	Longdraft Rd, YES NO
3.	DECEASED	Lost 4. DATE Month Doy Year
-	(Type or print) Everett V. bxxxxxxx	ESTES, Jr. Dec 14, 1958 19
3.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE III years IF UNDER 14 HRS.
	male whit WIDOWED DIVORCED	0/12/1942 10 yrs.
10	On USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUSTRE during most of working life, even if retired)	11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	unemployed	Va. USA
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Lverett V. Lstes	Olive Rines
1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (et. no. or unknown) (If yes, give war or dates at service)	FORMANT Address
	No	Father Item 2
F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Fracture of 1st.	,2nd & 3rd cervical vertebra ONSET AND DEATH
	823x With severance	e of cord sudden
1	Auto accident	
L	gave rise to immediate couse	
	(a), stating the underlying DUE TO	
2		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
16		PERFORMED?
5	Severance of rtcarotid A	e and jugular vein YES NO The No International No Part I of Part II of item 18.)
CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.	
	I DIVIVER OF SILEO	which left highway & struck stone wal
MEDICAL	1 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
1 X		nighway Boyds Montg. Md.
	21. I certify that I took charge af the remains described obov	re, held an Autopsy , Inspection , Inquiry and in my
	opinion death resulted from: Natural couses , Accident	N. Suicide , Homicide , Undetermined monner
	1 1	
	SIGNATURE Frank (- Broschart	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
		ASSISTANT MEDICAL EXAMINER
	NAME (Type) Frank J. Broschart	DEPUTY MEDICAL EXAMINER DK 12/14/58
22	29. BURIAL CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, town, or county) (State)
	Burial 12/17/58 Darnestown C	
23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR _ 24b. REGISTRAR'S SIGNATURE
	Robert A. Pumphrey-Bethesda, Md.	DATE DEC 1 8 58
-		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay, necessory, please execute 12 certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, at its designated agent, prior to burial, cremation, at removal, and in apprecial within 72 hours after death. VS. A15ME 5M 2/57

4	~			

						As.		
	1						•	
		,	1					
					:STYLE			
			H					
C.								

(2/17/56 Dardostown Ch. Cem. Durnestown, Mc

Hobart A. Purphrey-Betheeds, 17d.

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the frificate, writing the ward "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the fune, director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained or your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13867 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	DIST.	NO.

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	o. county maryland maryland	O. STATE DO CHALLES DE COUNTY
/-	b. CITY OR TOWN (If guiside corporate limits, write FURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oylside corporate limits, write RURAL and give nearest lown)
	And give nearest town/ D	54c 'i
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS.
	Wash, San & Hosp	14621 Peach Orghand Rd VEST NO [
3	NAME OF First Middle	Lost 4. DATE Month Doy Year
	(Type or print) Danald Walter 7	oldbush DEATH 12 / 1058
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . B.	DATE OF BIRTH 19. AGE IN YOUR TENDER LYFAR IF UNDER 24 HRS
-	maile, (1)h WIDOWED DIVORCED 1/	11 21-1988 So birthday yrs. Months Days Hours Min.
10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if refired)	11. CITIZEN OF WHAT COUNTRY?
G	en.& Production Mgr.Rex Engraving	iclizabeth nersey U.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	John Walter Foldbysh	mary C. Mock
	5/WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
	20 1	18. Rosa Lee Feld bush (wile)
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Working OK	
	420.1 DUE TO	
	Conditions, if ony, which) (b)	
	gove rise to immediate couse	
	(o), stating the underlying DUE TO	
13		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATION		PERFORMED?
LED TIES	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Er	iter nature of injury in Port I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLAC While Not white focto	E OF INJURY (Home, form, 20f. (City or town) (County) (Stale) ry, street, office bldg., etc.)
13		
1	21. I certify that I took charge of the remains described above	
	opinion death resulted from: Natural couses . Accident	, Suicide , Homicide , Undetermined monner
	ACTUAL A ROLL A	DATE SIGNED
	SIGNATURE Mans . / Mretrout	M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S FLANK J. Broschart	DEPUTY MEDICAL EXAMINER D
2	20. BURIAL, CREMATION - 27b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
	12/4/58 Ft.Lincoln	
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash	D C 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	The S.H. Hines Co., 2901 14th St. N.	W. DATEDEC 4'58 Curling S. Knows
-		

HYARORO STADISTINATO CONTINUES DA PROMETO DE CONTINUES DE grown with the sett . at Maria Cabarda, and road attach The second of tone. Something.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13868

CERTIFICATE OF DEATH

13913

Curring S. Pinus

	Section 6		Reg. Dist. No.
1.	PLACE OF DEATH C. COUNTY C. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If Institutions o. STATE	Residence before admission)
_	b. CITY OR TOWN (If outside carporole limits, write RURAL and give neorest lown)	c. CITY OR TOWN (If outside corporate limits write RUR	AL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OFFINSTITUTION ANDATON SANJAKUM 4/1056	d. STREET ADDRESS Harvard	S / ON A FARM? YES NO NO
3.	NAME OF DECEASED (Type or print) Hend VIX (Middle Middle	Felton 4. DATE Month OF DEATH /2	Doy Yeor // 196
/	nole White WIDOWED DIVORCED	last birthdoy) A	Months Doys Hours Min.
1	. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDU during most of working life, even if retired)	North Carolina	12. CITIZEN OF WHAT COUNTRY
1	george Felton	14. MOTHER'S MAIDEN NAME Omelia Heat	h
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 17. 1	HOSPITS RCLO	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral (c)	Excephalopathy.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b) Jesusalized	arteriosclerosis am	l 10 yra.
	gave rise to immediate cause (a), stating the under-lying cause last. DUE TO Wremua -	and coronary othersis	1.
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO S
L CERTIFI	OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port 11 of item 18.)	
MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 40 Fd While 19 at wark 19 at wark 19	ACE Of INJURY (Home form, 20f. (City or town) tory, street, office bldg., elc.)	(County) (State)
	21. I certify that I attended the deceased from 9-23 alive on 12-10-, 1958, and that death	f. , A	that I last saw the deceased on the date stated abov
	ACTUAL MCShaema buyan	ADDRESS (Street, city or town, sto M.D. 8005 Was dbury 1	
	PHYSICIAN'S N.C. Shoewaker, M.D.	Silver Spring	Mary land
22	burial cremation. 226. Date thereof Cedar H111	r CREMATORY 22d. LOCATION (City, lown, or Suitland, Mc	
	he S.H. Hines Co. Washington 9.	N . W . 24a. REC'D BY REGISTRAR 24b. REGISTR	RAR'S SIGNATURE

may be retained by the haspital or attending physician.

O FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. ofter death, Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be reta VS A15 (4) 15M 9/55

The second secon · Dartie . James . T. Cyllin

		4.8	333	4 CERTIFICA	AIE OI	DEATE	1		Reg. Di	st. No.	
1.	PLACE OF DEATH a. COUNTY Montgom			MARYLAND	Maryl	and		b. COUN	ntgom	erv	
	Bethesd		its, write	c. LENGTH OF STAY IN 16		or town (if or ethesda		ote limits, write	e RURAL and	give neares	t town)
4	d. NAME OF HOSPITA 804 WEITT	agton Driv	give street	address)	d. STRE	Wellin		rive			IS RESIDENCE ON A FARM? (ES NO A
3.	NAME OF DECEASED (Type or print)	WINFRED	F. F			Last	4. DATE OF DEATH		10nth 2, 195	Day	Year 19
5.	Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED	8. DATE OF Oct.	12, 189		9. AGE (In year last birthday 61 y			UNDER 24 HRS Hours Min.
10	a. USUAL OCCUPATION during most of work RetElect	N (Give kind of work ing life, even if retired Eng	done 10b.	KIND OF BUSINESS OR INDU		nsylvai	_	untry)		S	WHAT COUNTS
	Thomas Fe	reday				ers Maiden N	_	zie			
15. (Y	NAS DECEASED EVER	RIN U. S. ARMED FOR It yes, give war or dates of s	Manuan I		uth E.	Fered	ay-Ite		ddress		
CERTIFICATION	Conditions, if an gave rise to in cause (a), stating t lying cause last. PANT II. OTH	nediate he under-	OT.	Torial hy contributing to DEATH BUT Live to prov	ious (rerebra	throm	boses 1	ent GIVEN IN PAR 1953	1	WAS AUTOPSY PERFORMED?
MEDICAL CERTIF	200 ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour a. m.	Month, Day, Ye	or 20d. I While	Not while fo	ACE OF INJU	IRY (Home, form, office bldg., etc.	20f. (City		(County)	(Stole
ME	21. I certify that I attended the deceased from July 11., 1957, to Dec. 22. 1958, that I last saw the deceased alive an Dec. 22. 1958, and that death accurred at 2:50 PM, from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL Thomas A. Wildman M.D. 3729 Morrison M.D. Wash 15, D.C. 12-21-5										
22	o. BURIAL, CREMATION	homas A.)F	dman 3		lorrison		N. W.		ngton	(State)
L	BuyiaT city)	12/27/5	3	Odd Fellows			Tama	que, P	ennsy		
R	obert A P	umphrey-	Beth	nesda, Md.			BY REGISTR		Cistrar's sli	- 11	A

may be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in bother funeral director, page 3 shaufd be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. ofter death. Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havy VS A15 (4) 15M 10/57

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HTARG TO BE	By CERTIFICAL	
		viation inclu
arrid nephatical cone		av. I morgani il 1000
Dec. 23, 1950	YAGURER	TOWNS IN THE STREET
301. 12, 1327 - (A) - 1221.01		olatel plate
Parenty seems 1		Tana Toningola - Jon
Serm J. Herkenste		Thomas Percony
in his en latt var Schrift (1 144, 145 Cm.) Historiaans en in legen in 'n 149, 1618 in di	A Chedina	Market of the American
28 Morrison St., N. V., westudgen, D.	V. manually	A samed 1
dinnylyanna i conneylyanib		12/75/51 12/107
	etnesdn, Md.	E-gardqland Agridge

	1	3333		CERTIFICA	ATE OF DEAT	Н		Reg. Di	st. No.	
1. PLACE OF DEATH 6. COUNTY Montgo	nerv	Coun	+37	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Maryland	Where deceased	l lived. If instituti b. COUNTY		ce before	350
b. CITY OR TOWN	I (If outside corp			H OF STAY IN 16	c. CITY OR TOWN (I	f outside corpor	rote limits, write R	URAL ond	give neare	est town)
Olney			12hrs.	20mins	56Silver	Spring				
d. NAME OF HOS OR INSTITUTION Montgome:	N			Hospita	d. STREET ADDRESS	rwood	Road			ON A FARM
3. NAME OF DECEASED		First		Middle	Lost	4. DATE OF	Mon	th	Day	Year
(Type or print)	Amon		Wal	lace	Ford	DEATH	XX-	12	X X-	27×8
5. SEX	6. COLOR C	OR RACE 7. A	AARRIED KNEY	VER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	Months		UNDER 24 H
Male	Whit	teb WID	OWED 🗌	DIVORCED [4-14-15		43 yrs.	Months	Doys	Hours Mi
10a. USUAL OCCUPA during most of w	TION (Give kind	of work done	106. KIND OF B	USINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign co	ountry)	12. CI	TIZEN OF	WHAT COU
Crane Oper			ction C	ompany	Virgi	nia		1	J. S	. A.
13. FATHER'S NAME					14. MOTHER'S MATDEN	NAME			100	
XEXXXXXXXXXX	XXX EM	METT C.	FORD		Melly	Hostet	ter			
15. WAS DECEASED E		MED FORCES? or dates of service)	16. SOCIAL SEC	CURITY NO. 17. H	NFORMANT	12 E TA	Add	ress		
NO		5	79-14-0	825 Do	prothy For	d	sar	ne		
18. CAUSE OF D	EATH [Enter or	ly one couse p	er line for (o), (b), ond (c).]	1 /6		<i>I</i> -4			VAL BETWEE
PART f. C	PART F. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ONSET AND DEATH LIMITED TO THE CAUSE (1)									
2.520)	DUE TO	11	-1	_ /					
Conditions, if	ony, which)	(b)	Nyp	es the	157/10				60	me
gove rise to		DUE TO	110						10	
lying couse los		(c)	1							
PARY II. C	THER SIGNIFICA	ANT CONDITIO	NS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19.	WAS AUTOR
PARY II. C										PERFORMED'
200. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYIN NG CAUSE O FY MEDICAL EXA	F DEATH	DESCRIBE HOW	INJURY OCCURRE	O. (Enter noture of injury i	in Port I or Part	If of item 18.)			
20c. TIME OF INJ Hour o. n p. n	3.	w	od. INJURY OCC hile Not w work ot wo	hile for	ACE OF INJURY (Home, for tory, street, office bldg., o	orm, 20f. (City	or town)	(1	County)	(St
21. I certify that I attended the deceased from 11/3 of 1955 to 12/27 1958, that I last saw the deceased										
alive on_/_										
	/ /(had	7 1	1	n		reet, city or town,		,	DATE SI
ACTUAL SIGNATURE	/	AIN	Dun		M.D. Sar	rky!	\$ B		12	127/
		/1				/	1	1	7	
PHYSICIAN'S NAME (Type)	J.	W. BIF	RD					/		
220. BURIAL, CREMAT REMOVAL (Speci BURIAL	10N, 22b. DAT			AWN CEMET			GOMERY C		, MD	(State)
23 FUNERAL DIRECTO	PS HONATURE	Y. INC.	ADDR			C'D BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATURE	
2 aum na	11	311	SILV	ER SPRING	, MD . DATE I	DEC 3 0 '5	58 a	Thun &	. Krau	4
- Contract		Jane								

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 funeral directar, **DEUNERAL** ECTOR: After this certificate has been signed by the attending physician and campletely filled in Epage 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death. by the hospital ar attending physician. TO HOSPITAL OR may be retar VS A15 (4) 15M 10/57

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13915

13956 CERTIFICATE OF DEATH

	~~		CERTII	ICAI	L OI DL	A !!!			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	MONTGOMERN		MARYLA	ND 2.	USUAL RESIDEN o. STATE MAI	CE (Who	ND	d lived. If instituti b. COUNTY			ore admiss OMERY	
RURAL and give n	(If outside corporate limits nearest town) ILVER SPRING	.01	NGTH OF STAY IN	116	47		SPRI	rote limits, write R NG	URAL and	give ne	arest lown	1)
d. NAME OF HOSPI OR INSTITUTION	741 EASLE				d. STREET ADDR		LEY S	TREET				FARM?
3. NAME OF DECEASED (Type or print)	fin ELI	ZABETH	Middle HAYE	S	lost FREAS		4. DATE OF DEATH	DEC.	ith	De 25		Year 1958
5. SEX FEMALE	ETETT POTEN	7. MARRIED WIDOWED	NEVER MARRIED		29/62			9. AGE (In years lost birthday) 96 yrs.	IF UNDE Months	R 1 YEAR		ER 24 HRS. Min.
during most of wor	ON (Give kind of work di king life, even if retired) HOMEMAKER		OF BUSINESS OR HOME	INDUSTRY		(Stote o		ountry)	12. CI		S.A	COUNTRY
13. FATHER'S NAME EDWARD	HAYES			1	ANN DO		AME					
IS. WAS DECEASED EVI	ER IN U. S. ARMED FORC (If yes, give war or dates of ser	rvice)	NE	Mrs.		E. C	lark,	714 Eas		t.		
Conditions, if a gove rise to i cause (a), stoting lying couse last. PART II. OT OR CONTRIBUTING (IF EITHER NOTIFY	the under-		IBUTING TO DEATH								PERFO	AUTOPSY PRMED? NO PY
	AS UNDERLYING 12	20b. DESCRIBE I	HOW INJURY OCC	URRED. (E	nter noture of inj	ury in P	ort I or Port	II of item 18.)				
Y 20c. TIME OF INJUITED HOUR G. m. p. m.	RY Month, Doy, Yeor	While 1	OCCURRED 20 Not while of work	le. PLACE factory.	OF INJURY (Ham street, office bld	e, farm, lg., etc.)	20f. (City	or town)		(County)		(State)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	L. B. SN	1958 Snoi	om	eath acc	1948, to corred at 9 9013, SILV	P.	DORESS (SI	n the causes of reet city or town.	and an		te state	deceased ed above ATE SIGNED
220. BURIAL, CREMATIC BURIAL (Specify	DN. 226. DATE THEREOF		NAME OF CEMETE					ON (City, town, of SHINGTON,			(Stote	e)
23 EUNERAL DIRECTOR	'S SIGNATURE	NC. S	ADDRESS ILVER SPI	RING,	MD.	DE	BY REGIST	RAR 246. REGIS		-	REG	

TO HOSPITAL OR STENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by it whereal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. meral director, and be filed with

VS A15 (4) 15M 9/SS

HTARC TO STADE THE DE COURS wood 9013 Francis How * 4 4

FOR STATE HEALTH DEPT.

N. III

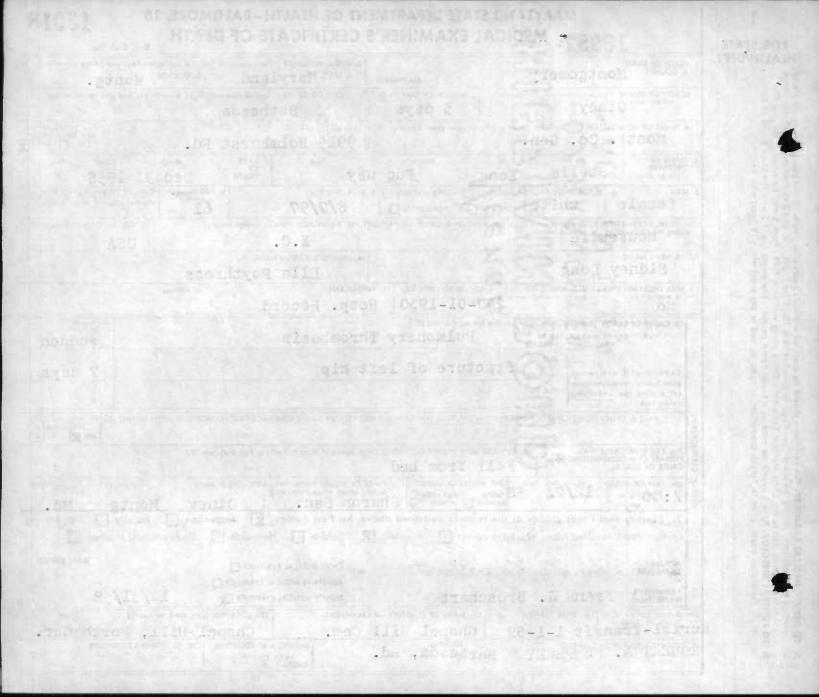
2

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay receisor, please execute the fattificate, writing the ward "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the fune funet 4 should a should permitted to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and is any event within 72 hours after death.

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10004					Reg. Dist.	No.				
PLACE OF DEATH ON COUNTY Montgomery	MARYLAND	o. STATE Mary		d. If institut b. COUNTY	Mont		nission)			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Oliney	5 days	c. CITY OR TOWN (III	f outside corporate thesda	limits, write f	RURAL and gi	ive nearest to	own)			
d. NAME OF HOSPITAL OR INSTITUTION (If not in h Montg. Co. Gen.	ospital, give street address)	9915 Holn	nhurst F	d.		ON	RESIDENCE LA FARMA			
3. NAME OF DECEASED (Type or print) Stella Lor	ng Fuq u	lost	4. DATE OF DEATH	Month Dec	31 19		Yeor 19			
fomolohit-	RIED NEVER MARRIED 8.	8/7/97	foet	E (in years birthday)	Months Do		Min.			
10a. USUAL OCCUPATION (Give kind of work dane 10b during man of working life. I ven if retired)	. KIND OF BUSINESS OR INDUSTR	N.C.			USA	N OF WHAT	COUNTR			
13. FATHER'S NAME Sidney Long		14. MOTHER'S MAIDEN E Ella	Poythre	SS						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? It [Yes, no. or unknown] [If yes, give wor or dates of service]	10 03 3000	osp. Recor	d	Address						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary Thrombosis							den			
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause tost.	acture of lef	t hip				7 da	ays			
PART II. OTHER SIGNIFICANT CONDITIONS					N IN PART 1		AUTOPSY DRMED?			
206. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING F CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Fell from bed										
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) 4:00 o. m. 12/24 58 While Not while of work o										
21. I certify that I taak charge of the	21. 1 certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinian death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner									
SIGNATURE Frank J. Br	mhart	M.D. CHIEF MEDICAL EX				DATE :	SIGNED			
	schart	DEPUTY MEDICAL	EXAMINER CK		2/31/					
226. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) urial-Transit 1-1-59	Chapel Hill	Cem.	Chape:	Hil:	l, No					
ROBERT A. PUMPHREY	Bethesda, Md.	240. REC'	D BY REGISTRAR	24b. REGIST		ATURE				



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the Existinate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral excitor. Page 4 should be warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to buriol, cremation, or remaral, and in any event-within 72 haurs after death.

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13869 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		addin.	0	-
Reg.	Dist.	N	0.	

•), P	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm	issian)
	C	mont gamery MARYLAND	o. STATE md. b. COUNTY manten	meru
	b	CITY OR TOWN (I outside corporate limits, frite RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neprest to	
		Takoma Park, md DOA	56 gil Sain - 00	
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS R	ESIDENCE
0		Wash Son + Hosp.	ON ON	A FARM?
7	3. P	NAME OF First Middle	1 1 40 1 0040 00 000 0010 1	3 003
		DECEASED Type or print)	OF OF	eor /
	5. S	1000 Un /nomas	901561	95 8 ER 24 HRS.
		m. (4)h WIDOWED DIVORCED	lost birthday) Manths Days Haurs	Min.
	100		PY 11 BIRTURI ACE (Salar of Control of Contr	
	d	USUAL OCCUPATION (Give kind of work done upon most of working life, even if retired)	RY 111. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	COUNTRYY
1	•••	Enginee Mraftsman PEPCO	I Vide Water la 1 45	•
И	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		mr. trederick Vaiser	mrs. may y Dritton	5-6
-,	15. {Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? no. or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. M	NFORMANT Address	
		Les 1943 577-05-0707 7	Mrs. Gaiser Same as ab	AFR.
		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETW. ONSET AND DE	FEN
		PART I. DEATH WAS CAUSED BY COMONY De	· lusin	1
		420.1 DUE TO		
		Conditions, if any, which) (b)		
		gove rise to immediate couse		
		(o), stoting the underlying DUE TO		
	Z		IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS	AUTOPSY
3	ATR	21 av 1 1 1 - 2 1 - 2	PERFO	RMED?
	CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED IF	nter nature of injury in Part I or Part II of item 18.)	NO 🔭
М	ERT	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	the resident and the resident to the resident	
			CE OF INJURY (Home, form, 120f. (City or town) (County)	16
59	MEDICAL	Hour o.m. While Not while factor	CE OF INJURY (Home, form, + 20f. (City or town) pry, street, office bldg., etc.}	(State)
	X	p. m. 19 of work of wark		
		21. I certify that I taak charge of the remains described obo	ve, held on Autapsy 🔲, Inspection 🔀, Inquiry 🔀, an	d in my
		opinian death resulted fram: Natural causes 🙀, Accident [], Suicide [], Hamicide []. Undetermined manner []	
		1		
		SIGNATURE Trank & Broschart	M.D. CHIEF MEDICAL EXAMINER DATE S	IGNED
2			ASSISTANT MEDICAL EXAMINER	d
de		NAME (Type) FLANK T BLUSCHOLL	DEPUTY MEDICAL EXAMINER D 12-29-52	r
	220	BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State	0)
	BU	REMOVAL (Specify) 12/31/58 GLENWOOD CEMET		
1.7	-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE	
W	D	NER E. PUMPHREY, INC. SILVER SPRIN	G, MD. DATE DEC 31 '58 arthur S. Knows	
1	Z	ywoud we just he		

Inches of the Committee of the Contract of the

HEALTH DEPT

FOR STATE

in rector. Page d our files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is revecute the difficate, writing the word "pending" in pencil in Item, 18. Give Poges 1. 2, and 3 to the funeral 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Poge 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13958 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13920 Rea Dist No.

<u> </u>		
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid	lence before admission)
Minigonery MARYLAND	o. STATE md b. COUNTY m	my
b. CITY OR TOWN It outside conflorote limits, write RURAL c. LENGTH OF STAY IN 16 and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL on	d give/neorest town)
Selven spring 3 yas	36 Selieu Spring	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
14701 good Hope Rd	14701 Good Hope,	Ref YES NO
3. NAME OF DECEASED (Type or print) Charles Sarah	ner Loss 4. DATE Month OF DEATH /2 - 9-	Doy Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		R TYEAR IF UNDER 24 HRS.
male oul WIDOWED DIVORCED	5-23-1880 78 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if refired)	RY 11. BIRTHPLACE (Slote or foreign country) 12. CIT	TIZEN OF WHAT COUNTRY
latorer		1.5 4.
13. FATHER'S NAME	14. MOTHER MAIDEN NAME	
Charle Hardner	Julia Rud	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	0 >
	has faidner (son).	Ilin 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	clision	INTERVAL BETWEEN ONSET AND DEATH
400el DUE TO		in ted
Conditions, if ony, which (b)		
gave rise to immediate cause (a), stating the underlying DUE TO		
couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (E	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	PERFORMED? YES NO A
	Enter nature of injury in Port I or Port It of item 18.)	
	CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town) (Co	ounty) (State)
21. I certify that I toak charge af the remains described abo	ive, held an Autapsy 🔲, Inspection 🔀, Inqui	iry , and in my
opinian death resulted fram: Natural causes 🔯, Accident [, Suicide, Hamicide, Undetermined	monner
SIGNATURE Frank J. Broszhart	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S FLANK J. Bruschart	ASSISTANT MEDICAL EXAMINER D	9-58
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR		(Stote)
Shipped (2) 12/10/58 McClain Funer	al Home, Huntington, West	Va
23. FUNERAL DIRECTOR'S SIGNATURE ROCKVILLO, Md	24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	
Robert L. Snowden Mc KVIII. Md	ONEC 1 2 '58	

MEDICAL EXAMINERS DESTRICATEDS OF ATH distriction, long to . Ed . off Photo

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13959 CERTIFICATE OF DEATH

L	20000	Keg. Dist. No.
1	a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY C.
	b. CITY OR TOWN (If outside corpdrote limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (II not in hospital, give street oddress) OR INSTITUTION Kensington Gardens Sanitarium	d. STREET ADDRESS 1816 Ubshur 36. N.W. e. IS RESIDENCE ON A FARM? YES NO
100	NAME OF DECEASED (Type or print) 17 8 9 9 0 6 4 1 1 0 4 6 5	Lost 4. DATE Month Day Year OF DEATH /2 (6 1958
43	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 4. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working like, even if retired) AT HOME	STRY IDBIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A.
1	WILLIAM JONES	MARGARET -TONES
	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (14 yes, give wor or dates of service)	we I Bringman new maxis
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	interval between onset and Death
	Conditions, if any, which gave rise to immediate (b) and a solutions pales	oté beart disease 5 yrs
	lying cause last. (c) There is a last to the last to t	l'arterio sclereni 10 yrs
	procline week of ference	10/15-/5-8 PERFORMED? YES □ NO □
10001		D. (Enter nature of injury in Part I or Part II of item 18.)
A COLUMN	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not while of work 19 of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from. Oed alive on 12/16/1955, and that death	occurred at 10:30 AM, from the causes and an the date stated above
	ACTUAL SIGNATURE A	ADDRESS (Street, city of town, state) DATE SIGNED M.D. 12/16/5
	PHYSICIAN'S M.F. Kneuzburg	600le 12 DC
L	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR SEMPLY OF LINE DAL	R CREMATORY 22d. LOCATION (City, town, or county) LLEG 1519201NY C JE CEM PITTS BURG! PA
2:	3. FUNERAL DIRECTÓR'S SIGNATURE ADDRESS W.W. CHAMBERS & 1400 Chahi	St N 72 DATE DEC 1 9 '58 Children & Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours pefer death: Page 4 may be retained by the haspital or attending physician.

TO FUNERAL CORP. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed-with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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VS A15 (4) 15M 10/57

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ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 13960

13922 Rea. Dist. No

1. PLACE OF DEATH o. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Maryland b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b SILVER Spring	c. CITY OR TOWN III outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Portland Blace	d. STREET ADDRESS 10102 Portland Place on a Farm? YES NO
3. NAME OF DECEASED (Type or print) Strategy of Print Print Middle Nora Belia German	an lost 4. DATE Month Doy Year DEATH December 29, 19589
female white widowed Divorced	8. DATE OF BIRTH 8/9/79 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	Virginia
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James A. Creel	Louise Thompson
[Yes, no, or unknown] [If yes, give wor or dates of service)	George W. German same as #1
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Vaccular airly ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	+ Redistraction
lying couse lost.	regression
5 templeyea rell no	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OK CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from 2 2 2 alive on 2 2 3 , and that death	accurred at 3 0 5 M, from the causes and an the date stated above.
SIGNATURE COSCUL MANTEN	ADDRESS (Street, city or town, stole) St NW 0239
PHYSICIAN'S A MAGRUSON MACDONA	Mah DC
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR Ft. Lincoln	(5,5,6)
The S.H. Hines Company Washington	THE STATE OF THE S

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13870 CERTIFICATE OF DEATH

13923

	70000	CERTIFICA	IL OI DEAII		Reg. Dist.	No.
	PLACE OF DEATH O. COUNTY Thungomery	MARYLAND	2. USUAL RESIDENCE (WHO STATE	yland b.	COUNTY DAN	Igomenic
	RURAL-and give negrent town)	weeks	56Siver	Sorin	C. C. Write RURAL and give	a neprest fown)
Y	d. NAME OF HOSPITAL (If not in haspital, give street oddress OR INSTITUTION	of Hospital	d. STREET ADDRESS	Tidland	Pd	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print) First Fugene	Middle	O SGOW	4. DATE OF DEATH	Month 12 -	Day Year 1958
5.	6. COLOR OR RACE 7. MARRIED 12	NEVER MARRIED 8	DATE OF BIRTH	98 9. AGE	The state of the s	YEAR IF UNDER 24 HRS. oys Haurs Min.
100	USUAL OCCUPATION (Give kind of work done 10b. KIND of during most of working life, even if retired)	OF BUSINESS OR INDUST	miac	or foreign country)	12. CITIZE	mericountry
	FATHER'S NAME	d	E Q D	NAME COV	bin	
15.	WAS DECEASED EVER IN U. S' ARMED FORGES? 16. SOCIAL TO, or unknown) [It yes, give yor or deten of devision 473-0	17-3702 17. IN	POSMITAL	Reco	Address	
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) H C	(a), (b), and (c).] My	ELOGENOV	s LEUK	EMIA	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying couse lost.					
CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRI	//	NOT RELATED TO THE TERMI	INAL DISEASE COND	ITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING TO SOME DESCRIBE FOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IOW INJURY OCCURRED	. (Enter nature of injury in l	Port I or Part II of ite	m 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. NJURY Hour o. m. 19 While of work ☐ a	OCCURRED 20e. PLA foct work	CE OF INJURY (Home, farm ory, street, office bldg., etc	, 20f. (City or town) (Cou	unty) (Stote)
	21. I certify that I attended the deceased from alive an 7 DEC., 1958, ACTUAL SIGNATURE		1948, to accurred at 650		causes and an the	st saw the deceased date stated above DATE SIGNED
	PHYSICIAN'S L. B. SNOW		SILVER	e Spri	NG, MD.	
220	REMOVAL (Specify)	NAME OF CEMETERY OR			ty. town, or county) LS, SOUTH D	(Stote) AKOTA
23	FUNERAL DIRECTOR'S SIGNATURE INC. SI	LVER SPRING,	, MD.		24b. REGISTRAR'S SIGN	

funeral director, yould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or attending physicion. **D FUNERAL (CLOR:** After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and it he registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. moy be retain VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1396:

CERTIFICATE OF DEATH

	2000	2			Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgome:	mr	MARYLAND	2. USUAL RESIDENCE (WAS 0. STATE Virginia.	here deceased lived. If institution b. COUNTX	on: Residence before admission) hesterfield
b. CITY OR TOWN	(If outside corporate limits, wri	le c. LENGTH OF STAY IN 16		outside corporate limits, write R	URAL and give nearest town)
RURAL and give r Bethesda	secrest lown)	355 days	Chester	5	73x.3
	TAL (If not in hospital, give str		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
The Clin	ical Center, E	Bethesda 14, Md.	Route #3,	Box 284	YES NO
3. NAME OF DECEASED (Type or print)	First Tazzy	Middle Otis	tost Goad	4. DATE Mon OF DEATH Dece	
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
Male	White WID	OWED DIVORCED	March 10,	1943 lost birthdoy)	Manths Doys Hours Min.
Oa. USUAL OCCUPATI	ON (Give kind of work done) king life, even if retired)	106. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNT
Student		None	Virginia		U. S. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
Elmer Ot	is Goad		Viola Tott	у	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT The Med	ical Record Addr	ress
No		None I	he Clinical C	enter, Bethesd	a 14, Maryland
Conditions, if c gave rise to cause (o), stoting lying couse lost.	the under-	teute lym	shocytic	Leukemia	
5	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES M NO
OR CONTRIBUTING	AS UNDERLYING 20b. I G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Part I or Port II of item 18.)	
ZOc. TIME OF INJUI Hour o. m. p. m.	w w	d. INJURY OCCURRED 20e. Prile Not while work 0 of wark 0	LACE OF INJURY (Home, form portory, street, office bldg., etc.	20f. (City or town)	(County) (State
ACTUAL SIGNATURE	ember 16 , 19	eosed from December 9 58, and that deet epitzhy	M.D. The Clini The Natio	cember 16, 19 58 M.M. from the couses of ADDRESS (Street, city or town, cal Center nal Institutes 14. Maryland	12 -16-58
220. BURIAL, CREMATIC REMOVAL (Specify BUT 12:11	Dec. 18, 19	22c. NAME OF CEMETERY OF Blance		22d. LOCATION (City, town, or Petersburg	r county) (State)
23. FUNERAL DIRECTOR		ADDRESS COL. He	sighta Vato REC'I	D BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
E. Alvin S	mall Funeral	Home, Inc.			rethur & Kraus

may be retained the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the undered director, page 3 shauld be detached far use as the burial-transit permit. Then please remays_carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. deoth. Page 4 ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer TO HOSPITAL OF

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VS A15 (4) 15M 10/57

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in Les Ci						
Manual III						

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ONTGOMERY COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 20 YES NO NAME OF 4. DATE Day Year DECEASED OF DEATH (Type or print) 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Jost by Hiday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED TO DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY! ring most of warking life, even it letired) KOMANI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 140 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part 11 of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Hour a. fi. While Nat while at work at wark p. m. 21. I certify that I attended the deceased from from the causes and on the date stated above. alive on that death occurred at ADDRESS (Street, city or town, state) ACTUAL 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OF CREMATORY (State) REMOVAL (Specify) CEMETERY T. HEBRON BURIA USHING-24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE + SONS- 3501-14Th

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ofter death. Page 4

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 houfs

ed by the hospital or ottending physician. RECTOR: After this certificate hos been signed by the ottending physician and completely filled in

page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to buriol, crematian, or removal, and in any event within 72 hours ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 12, 7, 14 FilmG237 1-15-59 et CERTIFICATE OF DEATH

13926

>		
	1. PLACE OF DEATH	
	a. COUNTY	Montgome
	b. CITY OR TOWN	(If autside carporate I

	13963	CERTIFICATE OF DEA
PLACE OF DEATH		2. USUAL RESIDENCE

Reg. Dist. No.

	PLACE OF DEATH	Montgomer	У	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	_	b. COUNTY		0	eorge
	Gaithers	sburg		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carpo	prate limits, write R	URAL and g	ive nearest	lawn) 🗸
	d. NAME OF HOSPIT, OR INSTITUTION AMMON'S	Rest Hon	ive street o	oddress)	d. STREET ADDRESS				0	RESIDENCE
	NAME OF DECEASED (Type or print)	Matti	.e	Middle	Grant	4. DATE OF DEATH	Decei		Day	19 ⁵ 8
S. :	fem.	6. COLOR OR RACE	7. MARR UTI WIDOWE	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		9. AGE (In years lost, birthday) 6 yrs.		_	NDER 24 HRS.
100	during most of work	N (Give kind af wark or ing life, even if retired	lone 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State of	or foreign c	auntry)	12. CITI	ZEN OF W	HAT COUNTR
13.	Pather's Name	mu			14. MOTHER'S MAIDEN N. Unkn					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	4 S. Closh	ng	de Addr	100	roh	DC.
		TH [Enter only one co I'H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO			ailure					L BETWEEN
	Canditions, if ar gave rise to in cause (a), stating t lying cause last.	nmediate (Hemiplegia Cardiorena	l Hypertens:	ive 1	Disease		Jun	e 58
CERTIFICATION		er significant con rthritis		ONTRIBUTING TO DEATH BU Hysteria.	T NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	art I ar Por	rt II of item 18.)			
20c. TIME OF INJURY Manth, Day, Year Maure or m. 19 of wark of wark of wark (Cau Maure or m. p. m. 19 of wark							ounty)	(State)		
	21. I certify the olive on		decease		24 , 1958 , to De occurred at 12:42	2MAran		nd an th		
	ACTUAL SIGNATURE	ebites	4	ewell	M.D. Norbeck 1				ng	12/8

PHYSICIAN'S NAME (Type) Webster Sewell

PO CREMOVAL (Specify)	22b. DATE TH	3-58	11/12	CLUU'S	
ELMIEDAL DIDECTOR C	CNITURE	- 1	ADDRECC		

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

may be re VS A15 (4) 15M 9/SS

TO HOSPITAL

	CERTIFICATE		
		STATE OF THE PARTY	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13871 CERTIFICATE OF DEATH

D	Di-A	B. B.
Reg.	DIST.	No

							Reg. Dist. I	10.	
1.	PLACE OF DEATH o. COUNTY Montgomer	7	MARYLAI	II o STATE	ENCE (Where decease	b. COUNTY	ntgomer		ion)
	b. CITY OR TOWN (If outside RURAL and give nearest to Takoma Pa:	corporate limits, write	c. LENGTH OF STAY IN		own (If outside corp	orote limits, write RI	URAL ond give	nearest town)
	d. NAME OF HOSPITAL (IF no	ot in hospital, give street		d. STREET A	DDRESS	•			IDENCE FARM? NO TO
_	Washington S			1 11030 1	luggins Dr	ive,		1152	NO M
3.	NAME OF DECEASED (Type or print)	First		Gray	4. DATE OF DEATH	Mon Decembe		/	Yeor 19 58
5.	SEX 6. CO	OR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.
	Male V	White WIDOW	ED DIVORCED	Dec. 8.	1958	lost birthday)	Months Day	s Hours	Min
_	. USUAL OCCUPATION (Give during most of working life,	kind of work done 10b.	KIND OF BUSINESS OR II			country)	12. CITIZEN	OF WHAT	COUNTRY
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
	Thomas	Copland Gra	ду	Rober	ta Ann Ha	11			
15. (Ye	WAS DECEASED EVER IN U. i. no. or unknown) (If yes, giv	S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	7. INFORMANT husband	same ad	Addr	ess		
CERTIFICATION	Conditions, if ony, whi gove rise to immedia couse (o), stoting the undilying couse last.	DUE TO Ch Ote DUE TO Ch Ote Ote Ote Ote Ote Ote Ote Ot	exature Contributing to death	BUT NOT RELATED TO	Ar VIV D	SE CONDITION GIV	ta	PERFO	AUTOPSY
	200. ACCIDENT WAS UNDE OR CONTRIBUTING [] CAU (IF EITHER, NOTIFY MEDICA	RLYING [] 206. DESI	CRIBE HOW INJURY OCC		injury in Port I or Pa	rt II of item 18.)			
MEDICAL	20c. TIME OF INJURY Mont Hour a. m. p. m.	While	NJURY OCCURRED 200 Not while t at work	PLACE OF INJURY () factory, street, office	lome, farm, 20f. (Cit bldg., etc.)	y or town)	(Coun	ty)	(State)
	21. I certify that I at alive on 192-19. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Payment	January 19.	and that de	M.D925	Pershing	m the causes a street, city or town, on Silv	nd on the ostone) dr Spri	date state	ed abave
	- Bayus	ond F. Chinr	22c. NAME OF CEMETER	Pershing I	rive, Sil	ver-Sprin	g, Mary		
220	REMOVAL (Specify)					TION (City, town, o		(Stote	
220	Cremation	12-8-58	Washington	n Sanitariu	m and Hos	pital Tak	oma Par	k, Md	

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 ld be filed with neral directar. may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 state registrar priar to burial, cremating, ar remaval, and in any event within 72 haury after death. TO HOSPITAL O VS A15 (4) 15M 10/57

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r death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13928

CERTIFICATE OF DEATH

		<u>.</u>	336	4 CERTI		TIE OF L	EAII			Reg. D	ist. No	. 21	5
o. COI	of DEATH UNITY Intgomes	CY		MARYL	AND	2. USUAL RESID	-	nere deceased	l lived. If institute by COUNTY	on: Reside	nce befo		
b. CIT		f outside corporate lim	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR 1	OWN (If	outside corpor	rote limits, write f			arest town	1)
Be	thesda	(Rural)		5 days		X Bethe	sda						
OR	INSTITUTION	Al (If not in hospital.		oddress)		d. STREET A		ton Ro	ned				FARM?
3. NAME			rst	Middle		Los		4. DATE	Mor				
DECEA		Agnes	131	Marie Anto	inet			OF DEATH	Decen	27	1	,	Year 19 58
5. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	DO	DATE OF BIRTH			9. AGE (In years		RIYEAR	IF UND	ER 24 HRS
Fema	le	Caucasian	WIDOW	ED DIVORCED		9-14-2			lost birthday) 38 yrs.	Months	Days	Hours	Min.
durir	ng most of work	cing lite, even if refired	done 10b.	KIND OF BUSINESS OF	NDUS				ountry)	12. C			COUNTR
	lousewij	re				7		ylvani	.a		U.S	.A.	
13. FATHE	R'S NAME					14. MOTHER'S	MAIDEN N	AAME					
	Unknown					Unkno	n						
15. WAS (Yes, no, or		R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress			
No					(H)	Wm. J.	Gree	n, Sam	e as #2	abov	9		
1B. (ouse per li	ne for (o), (b), and (c).}								ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (Cor	Pulmonale	with	conges	tive	heart	failure		014	JEI AND	DEATH
	002 X	DUE TO						1			1		
Col	nditions, if a	ny, which }	Pul	monary fibr	osi	s and se	conda	rv Em	hvsema.		,	14 D	avs.
	re rise to it se (o), stoting												~ J D ·
	g couse lost.		Tub	erculosis.								4	
CERTIFICATION OB CO (IF EI	PART II. OTH			CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	19. WAS PERFO	RMED?
OR C	ONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter noture of	injury in I	Port I or Port	II of item 18.)	17			
٠	Hour o.m.	Y Month, Doy, Ye	or 20d. I While of wor	Not while	20e. PLA fact	CE OF INJURY () ory, street, office	lome, farm bldg., etc	20f. (City	or town)		(County)		(Stote)
aliv	e on Dece		deceas , 195	ed from Novemb 8 , and that	death	occurred at	2:03P	M, from	1, 19 56 the causes of reet, city or town, spital, 1	and on stote)	last so	ite state	deceased abav
NAM				R., LCDR, M	c, t	JSN Bet	nesda	, Md.					
220. BURI REMO Buri	OVAL (Specify)	12-4-5		22c. NAME OF CEME	TERY OR	CREMATORY			ION (City, town,			Pa.	e)
-	RAL DIRECTOR	S SIGNATURE		ADDRESS			24a. REC*	D BY REGISTI	-		GNATU	RE	
R.A.	Pumphre	Y Funeral	Home	, Bethesda,	Md.		DATEDE	C 3 '58	B a	Thur &	Hear	14	

arthur S. Kraus

may be retained by the haspital or attending physician.

TO FUNERAL DICTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

TOTAL CENTIFICATE OF DEATH . Attacher the case of a second the case and THE PROPERTY OF THE PARTY OF TH CAMP OF THE PARTY al. al. diagon, etc., ashe, as, use restente, etc. A STEAR OF LEASE Will thinking I says forest All texts and the

-	3	96	5	CERT	IFICATE	OF	DEA	ſŀ
	_							-

Reg. Dist. No

Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) MATTLEONERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Kensington	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
d. NAME OF HOSPITAL (If not in hospital, give street oddress) 001 Connecticut Avenue	d. STREET ADDRESS 10001 Connecticut Avenue on a FARM? YES \(\text{NO} \) NO \(\text{X} \)
NAME OF DECEASED (Type or print) Anna Rumsey	Griffit 4 DATE Month Day Yeor 1958
Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X WIDOWED DIVORCED	9-16-1875 9. AGE (In yeors lost birthdoy) 83 yrs. FUNDER 1 YEAR IF UNDER 24 HRS. Hours Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 3. FATHER'S NAME De Clinton Griffith	USTRY 11. BIRTHPLACE (Stote or foreign country) Kentucky 14. MOTHER'S MAIDENNAME BELL WELL
(If yes, give wor or dofes of service) None H	INFORMANT [Arry W. McGinniss -10001 Connecticut Rrother-in-law Kensington
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost. DUE TO Conditions (c) Carterias Cora	edema degretation lyland the Mark disease 3 years
5	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \text{ NO } \text{ II.} \)
	ED. (Enter noture of injury in Port I or Port II of item 18.)
	CLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
21. I certify that I attended the deceased from May 12 alive an 10.5 30 19.58, and that death ACTUAL REPORT THOMAS A. L. Hindman, 393	1953, to Dec. 30, 1958, that I last saw the decease h accurred at Le L. M. from the causes and an the date stated above ADDRESS (Street, city or town, state) M.D. 3935 Bultimore St., Kensington, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY CONTROL OF CEMETERY CONT	
obert A. Pumphrey, Bethesda, Mary	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

may be retained by the hospital ar attending physician.

O FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in b funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours, after death. TO FUNERAL

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after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs VS A1S (4) 15M 9/SS

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manamana,		olog barry	Description of the second of t		

CERTIFICATE OF DEATH 13966

Reg. Dist. No.

-1			~~~			mog. Dian. ito.	
	1. P	LACE OF DEATH		II a STATE	Where deceased lived. If in		e admission)
		mentge		LAND MOJ	Mana	Mont	Somery
Ī	b	RURAL and give regarest town)	ote limits, wrife c. LENGTH OF STAY	IN 16 C. CITY OR TOWN (If sutside corporate limits, w	rite RURAL and give near	rem town)
		Bether	da 48 m	2. X Che	us Chaz	0	
	d	I. NAME OF HOSPITAL (If not in hosp	pitol, give street address)	d. STREET ADDRESS	01 01	DA J.	ON A FARM?
		Super	ban Hospe	all 4818	Cherry Cha	se Blig	YES NO M
	D	VAME OF DECEASED Type or print)	First Middle	Cost lost	4. DATE OF DEATH	Month Doy	
	5. SE	NOTIL	RACE 7. MARRIED TO MEVEN MARRIE	ED [] 8. DATE OF BIRTH	9. AGE (In y	ears IF UNDER I YEAR	19 3 8
	h	Tala Luli	To WIDOWED DIVORCE		lost birthd	oy) Months Day	Hours Min.
1	10a.	USUAL OCCUPATION (Give kind of	work done 10b. KIND OF BUSINESS O	R INDUSTRY . BIRTHPLACE (SIG	ote or foreign country)	0	WHAT COUNTRY?
	M	during most of warking life, even if	retired) Wangelmo	XIC	1. O	11	SA
1	13.	FATHER'S NAME	n	14. MOTHER'S MAIDER	N NAME		
		Peter	TRimbora	11-8	0		
	15. V	WAS DECEASED EVER IN U. S. ARME	D FORCES? 16. SOCIAL SECURITY NO	. IZ INFORMANT	The state of the s	Address	<i>p</i> •
	1161	no, or ughnoun) (If yes, give war or d	220-32-5664	A John C.	Timbere	- Son	- Sain
		18. CAUSE OF DEATH [Enter only	one couse per line for (a), (b), and (c).	1 //			RVAL BETWEEN
		PART I. DEATH WAS CAUSEI	D BY: USE (0) (evely)	1 temmer	has	ONSE	3 (/000
		400.0	OUE TO		X		0
d		Conditions, if any, which	(b) Arlereus	luk Herk	Ocean	/	OYRI
1		gove rise to immediate Couse (o), stating the under-	DUE TO				
		lying couse last.	(c)				
	o N	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER	RMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19	PERFORMED?
	3						YES NO
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH	CCURRED. (Enter noture of injury	in Port I or Port II of item 18	.)	
			y, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, fo	orm, 20f. (City or town)		151.11
	MEDICAL	Hour o. m.	While Not while	foctory, street, office bldg.,		(County)	(State)
	2	p. m.	of work of work	111	<u></u>	6	
		21. I certify that I attended	d the deceased fram.	1976, to_	Jec., 19	Sat, that I last sa	w the deceased
		alive an sed	, and that	death accurred at			
1		ACTUAL) (/ma.		ADDRESS (Street, city of	own state)	DATE SIGNED
1		SIGNATURE	1 John	M.D. 0	Menzelin		2/27/50
		PHYSICIAN'S LES I	DONUVAW M.	n Get	hist of y In	1	
		BURIAL, CREMATION, 226. DATE T	THEREOF 22c. NAME OF CEMI	ETERY OR CREMATORY	22d. LOCATION (City, to	wn, or county	(State)
	R	REMOVAL (Specify)	0/58 Gate of	Heaven			aryland
	_	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNATURE	
	R	obert A. Pumphr	ev Bethesda. N	arvland DATE	C 3 D '58	other S. Frank	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retor . Literate Sura kill of the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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13872 **CERTIFICATE OF DEATH**

			1	U	J	U
Reg.	Dist.	No.				

	1. PLACE OF DEATH a. COUNTY Maryland 2. US a.	SUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE b. COUNTY 1 (2)				
	b. CHTOR TOWN (If autside corporate limits, write RURAL and give nearest town) auto-	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)				
	d. NAME OF HOSPITAL Af not in hospital, give street address) OR INSTITUTION Fee 1 to p.	STREET ADDRESS (108 Wayne Ceve ' 108 Wayne Ceve ' YES NO Y				
	3. NAME OF DECEASED (Type or print) Meanda. Middle	Abate Of Death Week 13 1958				
	5. SEN CELL 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAJE WIDOWED DIVORCED CL	16, 23 1890 lost birthday) Months Days Haurs Min.				
	10a USUAL OCCUPATION (Give kind of work done 10b. KNOOF BUSINESS OR INDUSTRY 11 during most of working life, even if retired) Painter (Houses) Retired and Cr	Wash, O.C. U.S.				
	xxxxxx Guitano Guiffre	osephine glieden				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16 SOCIAL SECURITY NO. 17. INFORM (Yes. notice) 1979-67-9107	des. Mary Genffre. 1108 Wayne live				
	18. CAUSE OF DEATH [Enter only one couse per The for (a), (b), and (f)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Liptured Chillie	upm'y abd. Costa wil INTERVAL BETWEEN 5,				
	Canditions, if any, which) (b) Massive Hein	onloge Port Pentoneal 9 hrs.				
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO []				
		r nature of injury in Part I ar Part II of item 18.)				
	20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20e. PLACE OF Haur a. m. 19 While Not white all work of wark	INJURY (Home form, 20f. (City or town) (County) (State)				
21. I certify that I offended the deceased from NOVII, 1951, to Nec 13, 1958, that I last s alive an Novi 12, 1958, and that death accurred at M, from the causes and an the de						
	N T	O30 Pavol (Twe 12/3/58				
	PHYSICIAN'S Howard T. Morse	Takama Park Md				
	22c. NAME OF CEMETERY OR CREM BURIAL 12/16/58 Mt. Olivet Cemet					
1	23. FUNERAL DIRECTOR'S SIGNATURE Y, INC. STEVER SPRING, INC. SAYMAN A. JUNEA	MD. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 1 8 '58 Carbun 8. Kinns				

O FUNERAL DI TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. may be retain TO FUNERAL D VS A15 (4) 15M 10/57

uneral director, ould be filed with

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

12-13-58

4:00 P.M. I CHALLED DEPUTY

CORONER DR. BROSCHART WHO

CORONER DR. BROSCHART WHO

AUTHORIZED AUTOPSY. THIS IS NOT

AUTHORIZED AUTOPSY. THIS IS NOT.

A CORONERS CASE.

A CORONERS S. S. Relson, M. D.

FOR STATE

M

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TO DEPUTY MECAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is negessary, please execute the control of the funeral state. Give Pages 1, 2, and 3 to the funeral state. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 3 but files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

VS. A15ME 5M 2/57

HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13893

13932

	keg, Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Montgomery MARYLAND	o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rockville 20 Years	Rockville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
11408 Lux manor Road	11408 Luxmanor Rd., YES NO NO
3. NAME OF First Middle DECEASED (Type or print) ESTELLE Y.	Haller 4. DATE OF DEATH Dec. 26 19 58
	R DATE OF RIDTH
The state of the s	May 30, 1877 81 yrs, Months 28 Hours Min.
100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)Milliner SERE Unknown	Wisconsin U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hiram Young	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Daughter Address
	rs. Walter Roth Same as Item #2
18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), and (c).]	INTERVAL DETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronar	ry occlusion sudden
420,1 DUE TO	
Conditions, if ony, which) (b)	
gave rise to immediate cause	
(o), stoling the underlying DUE TO cause last.	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES NO X
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	Enter noture of injury in Port I or Part II of item IB.)
	CF OF NINDY III
	ACE OF INJURY (Home, farm, i 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. 1 certify that I taak charge of the remains described abo	ave, held an Autopsy [], Inspection [X], Inquiry [X], and in my
apinian death resulted fram: Natural causes X. Accident	, Suicide, Hamicide, Undetermined manner
1- 10	DAYF GOLED
SIGNATURE frank & Southart	M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) Frank J. Broschart	DEPUTY MEDICAL EXAMINER \$\overline{12} \display 12/26/58
270. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, lown, or county) (Stote)
	Crematory Prince Geo. County, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY Bethesda,	Md. DATE DEC 2 0 159

THE DECEMBER 1957			
	Company and No.		
	The new Language Line		menant for the State
		diction with the A	
He managed to the	mar Transport of the Art of the A		
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13967 CERTIFICATE OF DEATH

13933

			2000	9						Reg. D	ist. No.		
1. PLACE o. CO	OF DEATH	ontgomer	y	MAR	YLAND	2. USUAL RESIDEN o. STATE D(ere deceased	l lived. If instit b. COUN		nce before	admission	1)
b. CIT	or town (If outside corporate earest town)	imits, write	c. LENGTH OF STAY	(IN 1b	c. CITY OR TOV			rote limits, write	RURAL ond	give near	est fown)	
d. NA OR RO	ME OF HOSPI INSTITUTION Pine	Nursing	ver h Home	oad Oad		d. STREET ADD		in B	ridge	Road	•	ON A F	
3. NAME DECEA (Type	OF ASED or print)	Willi	First .am	Middle Train	1	alliday		4. DATE OF DEATH	_	onth ember	28.	Ye.	-0
5. SEX	ale	6. COLOR OR RAC	7. MARR	DIVORC	IED 🔲	8/12/18	86		9. AGE (In year lost birthday) A Months	RIYEARI	F UNDER Hours	24 HRS. Min.
Ban	AL OCCUPATION MOST OF WORLD	ON (Give kind of wo king life, even if reti resident	rk done 10b. red) Ar	t Natl Lington,	BK.	Penn	E (Stote o	or foreign co	ountry)	12. C	ITIZEN OF	WHAT C	OUNTRY
	ER'S NAME					14. MOTHER'S MA	AIDEN N	AME					
W	lillia	n Henry	Halli	day		Emm	a Ja	ane I	rimble	1			
15. WAS (Yes, no. or		ER IN U. S. ARMED F (If yes, give wor or dates		SOCIAL SECURITY NO		resing H	ome	Reco	rds-98	07 R		Roa	
cou lyin	nditions, if over rise to i se (o), stoting og couse lost.	the <u>under-</u>	TO (b) QE TO (c)	tenoselir	the	Cerch	re-V	aseu	lur d	leen	e.	3 da	
ZOG. OR C				CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO TH	HETERMIN	NAL DISEAS	E CONDITION (GIVEN IN PA	, , ,	PERFORM	AED?
	ACCIDENT WAS CONTRIBUTING THER, NOTIFY	AS UNDERLYING GCAUSE OF DEA MEDICAL EXAMINE	20b. DESC (R)	CRIBE HOW INJURY (OCCURRE	D. (Enter nature of in	njury in P	ort I or Port	II of item 18.)				
WEDICAL 20c.	TIME OF INJUI Hour a.m. p.m.		Year 20d. It While of worl	Not while at work		ACE OF INJURY (Horitory, street, office bl			or town)		(County)		(Stote)
21.	I certify th	not I oftended t	he deceos	ed from 24	Dec	19.58,	to_2	8 De	19.	&,that I	lost sav	w the d	eceosea
ACT	ve on 26	1500	125 Session	el L	t death	occurred at			the causes		the date		obove E SIGNE
PHY	SICIAN'S AE (Type)	W. F. Cr	esswe:	11, Jr.		Beth	feed	Dom !	x M	ase, lo	mel	2	
Re	MO Val	12/30	/58_	22c. NAME OF CEA	AETERY O	CREMATORY				โลรรลเ	chus		
23 FUNK	MAL DIRECTOR	O DIGNATURE	10	ADDRESS 2901-10	1416	1)1)		BY REGIST		CISTRAR'S S	1 11		

funeral director, yould be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page A may be retained by the haspital or attending physician.

Deuneral Decreases After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs offer death. TO HOSPITAL OR TO FUNERAL D VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

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yath	1	N		1
filed with	-	na-ca	1	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13968

CERTIFICATE OF DEATH

Reg. Dist. No.215

13934

				TI.					./
o. COUNTY Montgomer	у		MARYLAND	2. USUAL RESIDENCE (W o. STATE District of		b. COUNTY	on: Residen	ce before o	dmission)
b. CITY OR TOWN (III	f outside corporate lim	ils, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL ond	give nearest	lown)
Bethesda	(Rural)		4 days	Washington		4	7x	3	
OR INSTITUTION	AL (If not in hospital, s	give street	oddress)	d. STREET ADDRESS					S RESIDENCE ON A FARM?
U. S. Nava	L Hospital			1824 15th	Street,	N.W.			S DNO XX
3. NAME OF DECEASED	Fi		Middle	Lost	4. DATE OF	Mon	th	Day	Year
(Type or print)	Loui	Ls	Alexander	HAMNER	DEATH	Decem	ber	9	19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER	1 YEAR IF L	UNDER 24 HRS.
Male	Negro	WIDOW	ED DIVORCED	8-10-96		62 yrs.	Months	Days Ho	ours Min.
Oo. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	e ar foreign co	untry)	12. CIT	IZEN OF W	HAT COUNTRY
Truck Dri			Various	Montana	a		U.S	.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		100		
Thomas J.	HAMNER			Louise LU	CAS				
5. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Adde	ess		The state of the s
Yes no, or unknown)	/25to2/28	5	79-18-8340 (W) Mrs. Georgi	La A. H	amner. s	ame a	s #2	above
18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (o), (b), and (c).]					INTERVA	AL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	. /	MYACARDIAN	INFARCTIO	n)			1.0	AND DEATH
420.1	DUE TO		TIGCIFICULAR	DIVI ARELIO	//			- SUR	MINUTES
Conditions, if or		U.	150 050 150 11	1.10 (100	. 2			100	11 - 1 - 1 -
gave rise to in			YPERTENSION	AND CHEONI	CIYEX	ONEPHR	TIS	100	MONTHS
lying couse lost.	the under-	Pu	FINANCE F	00 20	7.5			11	Vanas
) (c	()()	KIN UNHRY 1	5 ROS 15 2	10 61	npyEmil	<u> </u>	1//	YEHRS
PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	EK SIGNIFICANI CON	IDITIONS C	CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART	PI	VAS AUTOPSY ERFORMED? S NO 🔀
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port	Il of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED 20e. PL Not while t of work	ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (City	or town)	(C	ounty)	(State)
21. I certify the	at Lattended the	deceas	ed from December	5 19.58 to De	cember	9 1058	that I I	art came	the decease
alive on Dece		10 5	8 and that death	occurred at 10:5	OR.	Al	_,murr	usi suw i	me deceased
dive ongested		1/	z, and man dean	occorred di		eet, city or town,		ie date s	DATE SIGNE
ACTUAL (. >	n .	Maria	II C Mo		spital,		7.	
SIGNATURE	into 1	1-	pung	M.D. U. S. Na	val no	eprear,	NININC	Là	2-10-58
PHYSICIAN'S NAME (Type)	James M. Y	oung	LT, MC, USN	Bethesda	, Mary	land			
20. BURIAL, CREMATION	N, 22b. DATE THEREC)F	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATI	ON (City, town, a	r county)	-	(State)
Burial (Specify)	12-15-5	8	Arlington Na	ational	Arl	ington		Vira	ginia
3. FUNERAL DIRECTOR'S	STGNATURE LOC	4	ADDRESS	24o. REC	D BY REGISTR	AR 24b. REGIS	TRAR'S SIG	NATURE-	
Campbell Fu	heral Home	, 522	8th St., SE,	Washington T	BEC 15	'58	Linkery	S. Than	100

The state of the s	KMT OF HEALTH-	and State Repairs	
			TO OFFICE
	nco in the	Tagana S	(12201) (00000804)
	15.5 18.5		TALLEY LAVE ALL
The Company of	A ALLEGA	monani a	2000
	6,-01-3	Der - Green	02.44
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	arted school		Form J. Hendle
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foreign.	Forkendn, K	, , , , ,	OT .M man A . Tom M. To
sinisti silaila	in later of	Lugal.ı.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13935

13969 CERTIFICATE OF DEATH

	20000				Keg. Dist. No.	
(county (in to omery	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institute b. COUNT	ution: Residence before odmission)	
1	CITY OR TOWN (If putside corporate limits, write RURAL) and give madest flown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF at	utside corporate limits, write	RURAL and give nearest town)	V
	Bethesta		Clarks	urle ind	13x-2	
	OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	,
	SuburbAN TTOS	ρ			YES NO	1
	NAME OF PICEASED Type or print) BABY	Boy HAR	ding lost	4. DATE OF DEATH	cember 12 1958	7
S. S	MALE 6. COLOR OR RAGE 7. MARR WIDOWE		8. DATE OF BIRTH	9. AGE (In year last birthday) yr		S.
10a	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE Stole of	or foreign country)	12. CITIZEN OF WHAT COUNT	RY?
13	FATHER'S NAME		14. MOTHER'S MAIDENIN	AME	W 3.17.	_
10.	Carroll K. B	lardina .	Shirley	Y Smi	12	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	-1- 1 Ac	idress	
		m	Atter Pals.	Sheeles Heed	ins Charteriale	. /
	18. CAUSE OF DEATH [Enter only one couse per lin	ne far (o), (b), and (c).]	7		INTERVAL BETWEEN	7
	PART I. DEATH WAS CAUSED BY:	utral bla	centa bo	20110	ONSET AND DEATH	
	761.0 DUE TO	/	/			
	Conditions, if any, which) (b)					
	gove rise to immediate DUE TO					
	lying couse lost.				Will Bulleting	
Z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION C	EVEN IN PART 1(a) 19. WAS AUTOPSY	·
ATIC					PERFORMED?	
FIC	20a. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRED	D. /Fatas autura of injury in P.	and I as Part II of item 18.1	1ES LI NO L	1
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE HOW INJUST OCCURRE	D. (Emer nature of injury in the	or far far it of fiem 18.		
MEDICAL			ACE OF INJURY (Hame, farm, story, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State	e)
MED	Hour a.m. 19 While of warl	THO WITTE	clory, street, dirice blog., etc.)			
	21. I certify that Nattended the decease	ed from	, 19, to		,that I last saw the decease	sed
	alive on 19	and that death	. 73/ 4		and an the date stated aba	
	1111.114	11. 01		ADDRESS (Street, city or low		
	ACTUAL SIGNATUSE SIGNATUSE	sucreey	M.D			
	PHYSICIAN'S NAME (Type)					
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	P CREMATORY	22d. LOCATION (City, town	or caunty) (State)	==
1	REMOVAL (Specify) Dec 19/58	HOPK.	Phaha 0	near Ch	Ka21.16 72	-1
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 PEC'D	BY REGISTRAR 24b. REC	GISTRAR'S SIGNATURE	+
R	ichale & ell 1200	Snowslen	Place DATES		1 0 4	
1		Laurel	med	Z Z DQ C		
-	1074223XV4				and the same of th	- 3

VS A15 (4) 15M 9/SS

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ACTOR OF THE PARTY	a la constant		
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property in the Committee of the Committ			
		Des Districts	

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death. Page 4

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF H	HEALTH-BALTIMORE,	14
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13936

13970 CERTIFICATE OF DEATH

Rea Dist No

						K	eg. Dist. No.	
1. PLACE OF DEATH	Montgomery	MARYLA		usual residence (who o. STATE Marv]		b. COUNTY .	Residence before	
	If outside corporate limits, write earest tawn)	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF or	utside corporate li			
OR INSTITUTION	TAL (If not in haspital, give street on Gardens Re			d. STREET ADDRESS	Meadow	Lane		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Rose	Marie		tost Harkins	4. DATE OF DEATH	Month Dec.	21	Yeor 1958
5. SEX Female	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	_	DATE OF BIRTH	870 9. AC	E (In years IF		IF UNDER 24 HRS Haurs Min.
10a. USUAL OCCUPATION	ON (Give kind of work dane 10b. king life, even if retired)		INDUSTR		ar fareign country			F WHAT COUNTR
	Brenner				beth S	hubert		
15. WAS DECEASED EVE		SOCIAL SECURITY NO.	17. INFO		ibetii b	Address		
No		None	Mrs	W. E. Mu	illan-d	aughte:	r-same	as 2d
Canditians, if a gave rise ta i cause (a), stating lying cause last.	mmediate (dronary 5 Warreld Contributing to death	cle	MOSCLUOT	VAL DISEASE CON	IDITION GIVEN	IN PART 1(a) 15	O.Y.Se 7
3 Very 0	advanced nh	eumatorid .	arto	tritis				PERFORMED? YES NO 19
U (IF EITHER, NOTIFY	AS UNDERLYING 20b. DESIGN MEDICAL EXAMINER)	CKIBE HOW INJURY OCC	URRED. (Enter nature af injury in P	art I ar Part II of	item 18.)		
20c. TIME OF INJUR Havr a. m. p. m.	Manth, Doy, Year 20d. If While at wor	_ Not while _	e. PLACE factory	OF INJURY (Hame, form, street, office bldg., etc.)	20f. (City or to	wn)	(Caunty)	(State
21. I certify the alive an	Stewart C		eath ac		M, from the DDRESS (Street, c)	causes and	an the dat	w the decease stated above DATE SIGN
	12/24/58	22c. NAME OF CEMETE St. John		REMATORY	22d. LOCATION (Marvl	(State)
23. FUNERAL DIRECTOR		ADDRESS	0_0		BY REGISTRAR		R'S SIGNATUR	
Robert A	. Pumphrev	Bethesda.	Mar	vland DATE DE	C 2 4 '58	Orth	un S. Kras	u.

KOR STATE HEALTH DEPT

ssory, please sctor. Page your files. d of Health, Board TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is execute the lifticate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funer: 4 should be aworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State for its designated agent, prior to burial, cremotion, or removal, and in anywevent within 72 hours ofter death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13971 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13937

Reg. Dist. No.

. 1	PLACE OF DEATH	ntgomerv		MARYLAN		o. STATE Mary		ed lived. If institu b. COUNT				
-	b. CITY OR TOWN IN	outside corporate fimils, write	RURAL	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (
	Bethesd			7 days		% Rockvil	10					
			f nat in hosp	pital, give street address)		d. STREET ADDRESS						ESIDENCE
4	Subu	rban Hosp	ital		1	1212 All	ison	Drive				A FARM?
3	NAME OF DECEASED	Fire	1	Middle		Last	4. DATE OF	Montl	h	Doy	1	feor
	(Type or print)	JACK		E	H	AWKINS	DEATH	Decen	ber	7	1	958
5	S. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER	_		ER 24 HRS
	Male	White	WIDOWED	DIVORCED [Sept. 23,	1927	31 yrs.	Months	124	Hours	Min.
1	00. USUAL OCCUPATIO	ON (Give kind of work on life, even if retired)	ione 10b. K	IND OF BUSINESS OR INDU	STRY	11. BIRTHPLACE (Stot	e ar fareign c	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY
		tal Worke	r	Farmac Cor	D.	Tennes	see		U	JS		
1	3. FATHER'S NAME				_	4. MOTHER'S MAIDEN						
1	FA	ison C. H	awkir		8	Mary I	.011 H11	tton				
	5. WAS DECEASED EV	ER IN U. S. ARMED FOR	RCES? 16. 5		INFO	DRMANT	200 110	Address		-		
	Yes, no, or enknown)	Ill yes, give wor or dotes of WW Kore	an 21	6-22-2179	Ma	rgaret W	Hawk	ins-wif	0-58	ame	as	2d
=		TH (Enter only one cou			ria	IEGICC "	1264 14 76	ZIIO WZZ			VAL BETW	
		TH WAS CAUSED BY:			02	ebral hem	orrha	de		ONSE	T AND DE	ATH
	2314	IMMEDIATE CAUSE (0)		Tiller-c	er	edial nen	OLLIIa	86			•	
	JJIA	DUE TO										
	Canditions, if a	diote couse		Inknown						-		
	(a), stating the											
	cause last.	JER CICHIEICANIX CONI	OO SIAOITIC	NTRIBUTING TO DEATH BU	Z NIOI	BELLAYED TO THE YER	MALA L DICEACE	COMPUTION CIN	(CALINA BAA		0 14/46	
2	PART II. OTH	TER SIGNIFICANT CON	omors co	NIKIBUTING TO DEATH BU	INOI	RECATED TO THE TERM	MINALDISEASI	CONDITION GIV	EN IN PAI			DRMED?
	20g. EXTERNAL CAL		b. DESCRIBE	HOW INJURY OCCURRED.	(Ente	r nature of injury in Pa	et I ar Port II	of item 18.)				
			Four	nd unconcio	us	on floor	of h	ome 11	/25/	58		
	20c. TIME OF INJU	RY Month, Day, Yea		NJURY OCCURRED 20e. P	LACE		m. 20f. (City		(Co	unty)		(Stote)
	Hour o.m.	? 19	While at war	rk at work	scruty,	, sireer, dirice biog., en	,					
		nat I taak charge	af the r	emains described al	oave	, held an Autap	sy Kil. Ir	spection .	Inqui	гу 🗖	. an	d in my
				auses . Accident	_					, ,	B7077	,
		1				, , , , , , , , , , , , , , , , , , , ,				mannic	. 834	
50	ACTUAL	Track De	Ran	what		A.D. CHIEF MEDICAL	XAMINER [DATE S	CHADIS
	SIGNATURE	0			^	ASSISTANT MEDIC		R 🗖				
-	EXAMINER'S NAME (Type)	rank J. B	roscl	nart		DEPUTY MEDICAL		Contract Con	18/58	3		
		N. 22b. DATE THEREC		22c. NAME OF CEMETERY	OR CR			ION (City, Jown,		-	{Stot	
1	Burial (Specify)			Arlington				ngton.		nie	(310)	-/
1	3. FUNERAL DIRECTOR			ADDRESS	II CL L		"D BY REGIST		-		RE	
	81.10	A 10	1	0 000	31		C 1 0 '58					
	placero a.	Jumplace	y Vu	retrouble !!	1	DATE	e a U U	LUV.	hun S.	May	L.	

· The state of the		AUDICAL EXAMINER'S	
			HILLS STATE
			THE PARTY AND THE PARTY AND THE
36 40 - 10-1-1-1	Anna Set III . I Security		
		-	
	Grand Mark 1990		
	Grand Mark 1990		

13938

	13972 CERTIFIC	ATE OF DEATH	g. Dist. No.
1.	PLACE OF DEATH OCCUPATY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: R a. STATE b. COUNTY	residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lown) Kensington	c. CITY OR TOWN (IF outside corporate limits, write RURAL	Lond give nearest town) 3×-3
	d. NAME OF HOSPITAL (If not provide, give street oddress) OR INSTITUTION Carroll Water Nursing Home	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle DECEASED (Type or print) PRISCILLA HA	AYDEN 4. DATE Month OF DEC.	18,1958 Yeor
5.	F. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		INDER 1 YEAR 1F UNDER 24 HRS. onths Days Hours Min.
100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY IV BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
) 13.	Septemus Headlev	14. MOTHER'S MYTOEN NAME JOJUS	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEGURITY NO. 17.	INFORMANT Address	word Va
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	east Failene	INTERVAL BETWEEN
	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost. (b) Ulicard I	ety.	5typ
CATION	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T PO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II	N PART 1(a) 19. WAS AUTOPSY PERFORMED?
L CERTIF	200_ ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. P While Not while of work of work	PLACE OF INJURY (Home, farm, octory, street_affice bldg., etc.)	(County) (Stote)
	21. I certify that I ottended the deceased from 1900 and that deat	h occurred at 9 M, from the causes and	at I last saw the deceose
	ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or town, election)	DATE SIGNE
1	PHYSICIAN'S A. H. RICHWINE ME	2 Chen chase 15, md	1957
120	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL POPOCITY)	OR EREMATORY 23d LOCATION (City, town, or co	iunty) (Stole)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 246/REGISTRA	R'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4

VS A15 (4)

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	mass (C)	
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THE RESIDENCE OF THE PROPERTY		

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51

1 PLACE OF DEATH

funeral director,

by the hospital ar attending physicion.

**TOR: After this certificate has been signed by the attending physicion and campletely filled in detached far use as the burial-transit permit. Then please remove carbon papers. Pages I one to burial, crematian, or removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page page 3 should be the registror prior moy be reto VS A15 (4) 15M 10/57

	Montgomer	У		MARYLA	ND	District		mbia COUNTY		nes bero	ire domis	11011)
Ī	b. CITY OR TOWN (RURAL ond give n	If autside corporate limitegrest town)	ls, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (rate limits, write l	RURAL and	give ne	arest tow	n) 🗸
	Bethesda	(Rural)		87 days		Washington	1		47	X .	3	
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS					e. IS RES	SIDENCE A FARM?
		al Hospital				3901 Conne	ecticut	Ave., N	.W.		-	NO X
3.	NAME OF	Fir	st	Middle		Lost	4. DATE	Moi	nth	Do	у	Year
	DECEASED (Type or print)	Paul	e	Vincen	t	HELLWEG	OF DEATH	Dece	mber	15		1958
S. :	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	□ B. I	DATE OF BIRTH		9. AGE (In years				ER 24 HRS.
F	emale	Caucasian	WIDOW	ED DIVORCED		10-7-81	175-18	last birthday) 77 yrs.	Manths	Days	Hours	Min.
10o	. USUAL OCCUPATI	ON (Give kind of work of	lane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	ate ar foreign co	ountry)	12. C	ITIZEN C	F WHAT	COUNTRY?
	Housewif	king life, even it retired				France			ı	J.S.	A .	
13.	FATHER'S NAME				T	4. MOTHER'S MAIDEN	NAME					
	Henri VI	NCENT				Elizabeth	CRIMM	INS				
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC				dress		19.71	
(10	No	(If yes, give wor or dates of s	H-AICE]	None	(H)	Fredrick I	Hellweg	. same a	s #2	abor	re	
-	18. CAUSE OF DE	ATH [Enter anly ane ca	use per li	ne far (a), (b), and (c).]						LINT	FRVAL A	ETWEEN
	PART I. DE	TH WAS CAUSED BY:	Cere	ebrovascular	deg	eneration				ON	5-6	VI'S
	334X	DUE TO	002	of Ot a Boatas	005	020200202						<i>y</i> = 0
	Canditions, if a	W.31	Anto	erioscleroti	0 00	rehrovaccii	lar die	2000			5-6	VPS
	gave rise to i	mmediate (TT OC	ST TOPCTET OUT		ICDI OVERCE	LOT GTE	Cabo			, ,	J = 5
	lying cause last.	the under-										
Z	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
ATIC	492x	-lementie he		disease oby	ondo	numlomenh	wi+1.			(-)	PERFC	NO [
IFIC	20a. ACCIDENT W.	AS UNDERLYING TI		disease, chr				pneumoni	tis_		113 [2	NOL
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH										
	20c. TIME OF INJUI		r 20d I	NJURY OCCURRED 20	e PLACE	OF INJURY (Home, fo	206 (Ciby	or town)		(County)		(State)
MEDICAL	Hour a.m.	19	While	Nat while	factor	, street, affice bldg.,	etc.)	or lown,		(County)		(State)
2	p. m.				hert 1	0 58 1	De camba	× 15 58				
	Dan	ember 15	deceas 19_2	ed from Septem	. 100	2, 19 20, to a	5A	1, 1920	,that	last se	aw the	deceased
	alive on Dec	emper 1)	_, 19_	and that d	eath o	curred at 2:05				the da		
	ACTUAL	11/2	11	11/1.		II O W		reet, city or town,				ATE SIGNED
	ACTUAL SIGNATURE	Com-161	1016	lano	M.D	U. S. IN	aval Ho	spital,	MINING		12-1	15-58
	PHYSICIANIS	T II DAY	· · ·	m va man		D.41 1.	71. 20					
-	NAME (Type)			T. MC, USN		Bethesda						
770	BURIAL, CREMATIC REMOVAL (Specify)		F	22c. NAME OF CEMETE				ION (City, town,	or county)		(Stat	
-		12-18-58		Arlington	n Na			ington			gini	La
23.	FUNERAL DIRECTOR	STORELLY		ADDRESS			C'D BY REGIST		STRAR'S S			
Jo	s. Gawler	's & Sons,	1756	Penn. Ave,	W, Wa	sh.D.C DATE	150 100		4			

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J. British Composition		Transmitted in the
	The state of the s	
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 7425		
CONTRACTOR OF STREET		
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PROFILE BUILDINGS		
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofthe

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13894 **CERTIFICATE OF DEATH**

13940

											R	eg. Dist.	No.	
	PLACE OF DEATH		- 77			2. US	UAL RESIDI	ENCE (Whe	ere deceased	lived. If inst		Residence b	efore admis	sion)
	2.5	teomerv		MAR	YLAND	0. ;		aryl	and	b. COU	NTY	Mont	gomer	Cy
	b. CITY OR TOWN (If outside corporate limit	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								n)
	Rockvi					11/2	#6 R	ockv	ille^	376 Dire	. 0	aith	crahi	1320
		TAL (If not in hospital, g	ive street	oddress)		jd.	STREET AD	DRESS			1			SIDENCE
	908 Vi	3 4	Road				304	Gre	at Fa	alls F	toac	ì		NO [
3.	NAME OF DECEASED	Fir	st	Middle			lost		4. DATE		Month		Day	Year
	(Type or print)	ROBER	ATS	P			HIGG	INS	OF DEATH	De	cen	nber	6	1958
S.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRI	ED 🖾 8	. DATE	OF BIRTH	200	124411	9. AGE (In ye			EAR IF UND	ER 24 HRS.
	Female	White	WIDOW	DIVORCE	ED 🔲	Se	pt.	26.	1886	lost birthdo	yrs.	Conths Do	ys Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work	one 10b.	KIND OF BUSINESS	OR INDUST	RY 11	BIRTHPLA	CE (Stote o	or foreign co	untry)	H.	12. CITIZE	OF WHA	COUNTR
	Retire	king life, even if retired		JS Gov.			Marv	land				US		
13.	FATHER'S NAME						AOTHER'S A	-	AME			1	•	
	Fr	ank Higgi	ns					R	obert	a Bak	er			
		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. IN	FORM	ANT	- 34			Address			25-11-1
1	No	(it yes, give war or dates or se	-	None	Fra	ank	Wil	son-	6 Mar	ryland	A	re.Ga	ithe	rsbui
	18. CAUSE OF DE	ATH [Enter only one co										1	NTERVAL B	ETWEEN
	PART I. DEA	TH WAS CAUSED BY:	U	Muscan	dial)	1 -	10.00	Tim.			C	ONSET AND	DEATH
	420,0	DUE TO		10 000	- CA A V			1	JON OF				30	press
	Conditions, if o	ou which)	G	Terina	Onn:	ti.	-1.	7	- 0	1000		1	0	
	gove rise to i	mmediate (- 61	TOWN WEST	2006	WC	2 100	ans		che ac	1.52		20	ears
	lying couse last.	the under-	a	estroal	1:00	0	0 5	100	in	-100	4-71		15	4000
Z		HER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT I	OT RE	LATED TO	THE TERMIN	JAI DISEASE	CONDITION	GIVEN	IN PART 1/o	19. WAS	AUTOPSY
ATIC							DATED TO	THE TERMIN	THE DISCUSE	CONDITION	OIVEIN	HATAKI IJO	PERFO	DRMED?
FIC	20g ACCIDENT W	AS UNDERLYING	20h DESC	CRIBE HOW INJURY O	CCLIPPED	/Enter	nature of	iniueu in P.	net I as Past	II of item 10			YES [ио 🔼
CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER)	100. 003	Tribe HOW HOOK! C	CCORRED	, (cilier	noiore or	injury in r	0111011011	II OF FIERR 18.	,			
CAL	20c. TIME OF INJUR	RY Month, Day, Yes	r 20d. It	NJURY OCCURRED	20e. PLA	CE OF	INJURY (H	ome, farm,	20f. (City	or town)		(Coun	ity)	(Stote)
MEDICAL	Hour o.m.	19	While of work	Not while	foct	ory, str	eel, office 1	bldg., etc.)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	(0.0.0)
2					-	-	3~7		1 7	/	. 10			
		nat I attended the	decease	ed from	<u>une</u>	rwitt.	19.2.3,	ta/	2				saw the	
	alive an	16-5	, 19-2	E, and that	death	accur	red at_			the cause				
	ACTUAL	1,1	11	1600			1.1	1.1	2	eet, city or to	MD Stot	le) -	11.0	ATE SIGNE
	SIGNATURE	11/	5/6	HARX	N	.D.6	15 11/	Louis	e cour	up Shill	-Koc	Murch	Max 1	2-6-50
	PHYSICIAN'S NAME (Type)	W. G.Hall				61	5 W.	Mon	tgome	ry Av	e.	Rock	ville	e, Mo
22	BURIAL, CREMATIC	ON, 226. DATE THEREO	F	22c. NAME OF CEM	ETERY OR	CREMA	ATORY		22d. LOCAT	ION (City, tov	vn, or co	ounty)	(Stol	le)
	Burial Burial	12/9/58	3	Rockvil	lle I	Jni	on		Rocky	ville,	Ma	aryla		
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS					BY REGISTE			AR'S SIGNA		
	Robert A	· Pumphre	y I	Bethesda,	Mar	yl	and	DEC	1 0 '58	a	Mhun	S. Kra	us	

TO HOSPITAL OR TO FUNERAL D VS A1S (4) 1SM 9/5S

	HYARD TO TO		
minima property (see also)	CHILL AND STREET		
occupant our life it half of the constant of t	Mile and a partition of the same of		
			20 E
A THE STREET OF THE STREET			
		nile	Self-designation of the control of t

Reg. Dist. No.

	PLACE OF DEATH O. COUNTY Mont	gomery		MARYL		o. STATE	yland		lived. If institution b. COUNTY	oni Residen			on)
	Betnes	If outside corporate limitegrest town) a	ts, write	c. LENGTH OF STAY II	V 16 X	C. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Bethesda							
	d. NAME OF HOSPI OPINSTITUTION SUDUEDS	1	d. STREET A 5204 (ard Ro	ad				DENCE FARM? NO K			
3.	NAME OF DECEASED (Type or print)	ELIZABE'		THOMAS	HIL	Los!		4. DATE OF DEATH	Dec. 2		Day		eor 9 58
5.	Female	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED ED 4 DIVORCED	L	larch 2		73	P. AGE (In years Blost birthdoy) yrs.	Mgnths		F UNDE Hours	R 24 HRS. Min.
100	Housewi	ON (Give kind of work king life, even if retired [C	done 10b.	Own Hom		Virgi		or foreign cou	untry)		US	WHAT	COUNTRY?
/	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
/	Hugh R.						rine S	Seattle	9				
15. (Ye	WAS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give war er dates of s	ervice) _	SOCIAL SECURITY NO.		ert G.	Hill-	Item#	2	ress			
CERTIFICATION	Conditions, if e gave rise to cause (o), stating lying cause lost. PART II. OT	the under DUE TO	So Ver	endity in Haston CONTRIBUTING TO DEA	e de	technol	Des	ere.	CONDITION GIV	EN IN PAR		PERFO	UTOPSY RMED?
MEDICAL CERTIFI	20c. TIME OF INJU- Hour o. m.	AS UNDERLYING CAUSE OF DEATH (MEDICAL EXAMINER) RY Month, Doy, Ye		Not while	20e. PLAC	Enter noture o E OF INJURY (I	Home, form,	, 20f. (City		(0	County)		(Stote)
2	alive an	hat I attended the	deceas	sed fram. Jan	death a	D	J. A. Bel	ADDRESS (Str	the causes of the cause of	ind an t		state	
	O. BURIAL, CREMATIC)F	22c. NAME OF CEME Rose Hill	ERY OR C	REMATORY	1-1-		ION (City, town,		1	(Stote)
27	FUNERAL DIRECTOR		A	1 Bethesd	, Mo		24o. REC'E	BY REGISTR	perland,	IVIAT	-		

D FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. er death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hour by the hospital ar attending physician. TO FUNERAL

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HYARDRO STADFIERDS INTER 5204 Contino D P025 JULI CAMORE HTSEANLIS - omale White purest execut Wareh 21,1873 Remed-RRI .0 Fredon . W. H. Joyco Bill Diapie Lidge, Pothesen, Wd. Rose Mill Cumbertand, Maryllind Bethesda, Md.

Reg. Dist. No.

	1. PLACE OF DEATH 0. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) REPRESENTATION OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RFD Rockville
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) SARAH C. HINTON	Lost 4. DATE Month Day Year OF DEATH December 5, 1958 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 79 yrs. Q 8
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE OWN Home	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	George Cornwell	Unknown
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IF	NFORMANT Address
	Yes, no. or unknown (If yes, give wor or dates of service) None Th	neodore Hinton-Item# 2
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate coese (a), stating the under-lying couse lost. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Conditions, if any, which gove rise to immediate coese (a), stating the under-lying couse lost. Conditions, if any, which gove rise to immediate coese (a), stating the under-lying couse lost.	· · · · · · · · · · · · · · · · · · ·
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL/EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, form. 20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from about alive on	occurred of 30 M from the causes and an the date stoted above. ADDRESS (Street, city or town, stote) DATE SIGNED M.D. 26 N Summer May 12/3/50
	220. BURIAL, CREMATION, 22b. DATE THEREOF BUREMOVAL Specify) 12/8/58 Darnestown	(and the second
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERT A. Pumphrey-Bethesda-Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE: 8 '58 Atlanta & Krana

may be retained the hospital or attending physician.

Description of the hospital or attending physician.

Description of the completely filled in by a large of the content of the conten deoth. Poge 4 NTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs or

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may be retoing TO FUNERAL DIN TO HOSPITAL OR VS A1S (4) 15M 9/55

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• 1		LEAVE PORTS AND A	
		- monany su-vertidants .	

MARYSAND STATE DEPARTMENT OF REALTH - OATHMONE 18 1

FOR STATE HEALTH DEPT.

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pressary, please execute the ficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral flar. Page 4 should be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained four files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.

Q 6 7 Q V8. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13943

- L V c	3 4 0							Reg. Di	ist, No.	
, PLACE OF DEATH							sed lived. If instit	ution: Reside	ence before ada	mission)
	ntgomer	v	MARYLAI	ND O. ST	Mary	land	b. COUN	M Y	ntgome	rv
b. CITY OR TOWN (If outside and give negres) town)		BURAL C.	LENGTH OF STAY IN	1b c. CI	Y OR TOWN	(If outside co	rporote limits, write	-		
Damascu			7 vrs	×	Dama	90119				
d. NAME OF HOSPITAL O		not in hospital		d. ST	REET ADDRESS					RESIDENCE
	Main St			/	9721	Main	St.			NA FARM?
3. NAME OF DECEASED (Type or print)	First Edd1e		Middle	Нос	lost ges	4. DATE OF DEATH	12/1	3/58	Day	Yeor 19
6. SEX	COLOR OR RACE	7. MARRIED	NEVER MARRIED				9. AGE (In years lost bighday)	IF UNDER		DER 24 HRS.
male	white	WIDOWED [DIVORCED	2/18	/92		66 yrs.	Months	Days Hours	Min.
0e. USUAL OCCUPATION (Goduring most of working life	, even if retired)	one 10b, KIND	OF BUSINESS OR INC		THPLACE (Sio	•	country)	12. CITI	USA	T COUNTRY?
3. FATHER'S NAME				14. MOT	HER'S MAIDEN	NAME				
Peter					Eliza	Atkir	19			
15. WAS DECEASED EVER IN	U. S. ARMED FOR		TAL SECURITY NO. 1	7. INFORMAN	T		Addres			
No			909-4627	Wm. E	. Hods	ges. I	Damascus	Md.		
200. EXTERNAL CAUSE W	couse DUE TO (c)_ IGNIFICANT CONDI		RIBUTING TO DEATH BI					VEN IN PART	I(o) 19, WAS	AUTOPSY ORMED? NO
CAUSE OF DEATH. 20c. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Year	While	RY OCCURRED 20e. Not while of work	PLACE OF INJ factory, street,	JRY (Home, far office bldg., el	rm, 20f. (Cit	y or town)	(Cou	enty)	(Stote)
21. I certify that I	took chorge	of the rem	ains described a	bove, held	an Autop	sy . I	nspection 📉	, Inquir	y [nd in my
opinion deoth resu		oturol cous	ses Acciden	M.D. CH	icide [],	Hamicide	Under		nonner 🔲	SIGNED
EXAMINER'S H'T	ank J. I	Brosch	nart			L EXAMINER	X	12	2/13/5	8
220. BURIAL, CREMATION, 2 REMOVAL (Specify)	eank J. 1 26. date thereof Dec. 16, 1	72c.	nart NAME OF CEMETERY Mt. Let	OR CREMATO	PUTY MEDICA	27d. LOCA	TION (City, town, Damas		2/13/5 Md.	18 1e)

BULLAY PROFILE SEER SHOW THE STATE OF THE SEER OF THE SEE A STREET IN NOT . ba . nunsar mi tra

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VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH 13977

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	-	904	9					wed. Dist.	140.	
1. PLACE OF DEATH a. COUNTY			MARYLA	AND	2. USUAL RESIDENCE (WH		b. COUNTY			
b. CITY OR TOWN RURAL ond give	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (If o		ote limits, write RL	JRAL and give	Georges e negrest lown)	V
Bethesda			92 days	3	Adelphi		1	6 x.	2	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	jive street o	oddress)		d. STREET ADDRESS				e. IS RESIDE ON A FA	NCE
	ical Center	. Bet	hesda Di. N	Id.	10117 R	iges Re	had		YES N	
3. NAME OF DECEASED (Type or print)	Fir	st	Middle Thekle		Last	4. DATE OF DEATH	Mont		Doy Yeo	
5. SEX	6. COLOR OR RACE		IED NEVER MARRIED	mli	Hohenner Date Of Birth		. AGE (In years	ember IF UNDER 1 Y	YEAR IF UNDER 2	58
Female	White	WIDOWE			uly 21, 1908		last birthdoy) 50 yrs.			Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b. I			TRY 11. BIRTHPLACE (Stote	or foreign cou		112. CITIZE	EN OF WHAT CO	DUNTRY
Clerk	rking life, even if retired)	ascertainab		Germ	any			S.A.	
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
Benedict	Heiss				Thekle Ha	effner				
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	17. IN	FORMANT The Med		ecord Addre	ess		
No			None		e Clinical Co				Maryland	
	ATH [Enter only one co ATH WAS CAUSED BY:	use per lin	e for (o), (b), ond (c).]	(7 ° 1				INTERVAL BETW	
100	IMMEDIATE CAUSE (o	,	negocia	-1	acture				4 wic	-5
110X	DUE TO		1 - 1 -	0		_	,		7	
Conditions, if	immediate (lastalic	Cas	ocinoma c	54 8	sv-cast	_	3 40 5	5,
couse (o), stoting	the under- DUE TO	-1								
lying cause lost	10		ONTRIBUTING TO DEAT	LI DILIT I	NOT BELLETED TO THE TERM	DISEASE	50110171011011			
E	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUI I	NOT RELATED TO THE TERM!	NAL DISEASE	CONDITION GIVE	N IN PART 1	PERFORMI	ED?
OR CONTRIBUTING	AS UNDERLYING GCAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED	. (Enter nature of injury in t	Part I or Part I	l of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	10	While	Not white of work	0e. PLA fact	CE OF INJURY (Home, form ory, street, affice bldg., etc.), 20f. (City o	or town)	(Cou	inly)	(Stote)
21. I certify t	hat I attended the	decease	ed from Septem	ber	7, 1958 to De	ecember	8 1958	that I las	st saw the de	cease
alive an De	cember 8	19 5	8 and that d	eath	occurred at 2:25	PM from				
/	1	1	I m	1			et, city or town, s			SIGNE
ACTUAL SIGNATURE	Lieberrd	1	R-11/10/	,	The Clin	nical (Center		12_0_	58
	7.		1				tutes of	Heal	th	.20
PHYSICIAN'S NAME (Type)	Richard H.	Moy,	M. D. 8		Bethesda	- 1	laryland			
22a. BURIAL CREMATI			22c. NAME OF CEMETE	ERY OR	CREMATORY		ON (City, town, a	county)	(Stote)	/
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS	1 50	2 A - 240 PEC'I	D BY REGISTR	AR 24h REGIS	TRAR'S SIGN	ATURE	aple
2. W. C.	Cambras a	2. 1	400-Chaper	- 4	J. M. W	4 6 150		ur S. Kr		
					DATEEC	1 4 00	con	m1 9: 110	CLATERIS	

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13873 CERTIFICATE OF DEATH

13945

200				Reg. Dist. No.
o. COUNTY O. Hontagomery	MARYLAND	2. USUAL RESIDENCE (WE o. STATE	here deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IFIC	outside corporate limits, write RU	
d. NAME OF HOSPITAL (If not in hospitol, give street	3 days	1 STREET ADDRESS	Opring	e. IS RESIDEN
Wash Son + Hosp.		504 Sta	rling Rd.	ON A FARA
NAME OF DECEASED (Type or print)	Middle	Lost	4. DATE Month	
1 MOM 42	IED NEVER MARRIED	B. DATE OF BIRTH	Decen	IF UNDER I YEAR IF UNDER 24
M WIDOWE	DIVORCED [4-17-7	lost birthdoy) 8 yrs.	Months Doys Hours M
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			or foreign country)	12. CITIZEN OF WHAT COU
FATHER'S NAME	Contractor	14. MOTHER'S MAIDEN N	JAME	U.S.A.
thomas Humphre	4	Rose		
WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	155
no	no J	watter Hu	in phoney (se	1) (Sanc)
18. CAUSE OF DEATH [Enter only one couse pec lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		carcinema	V 1	INTERVAL BETWEE
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19, WAS AUTO PERFORMED YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	ort I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While p. m. 19	_ Not while _ fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County) (Si
21. I certify that I attended the decease alive on Dec. 20 , 19.5		an 11:	AM, fram the causes an ADDRESS (Street, city or town, st	that I last saw the dece
SIGNATURE DENNE (A) PHYSICIAN'S NAME (Type)	rovery fr. in &	M.D. 7301 Coles	ulle Kd., Silver	Spring, Md. De
BURIAL, CREMATION 226. DATE THEREOF	22c. NAME OF CEMETERY OF Glenwood (22d. LOCATION (City, town, or	(4.4.4)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Wash,		Washingto	RAR'S SIGNATURE
The S.H. Fines Co., 290	1 14th St. N	1174	1 D 4 IPO	un S. Kraus

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13946

		13874	CERTIFICA	ATE OF DE	ATH	Reg. Dist	10020 . No.
L	PLACE OF DEATH D. COUNTY Ontage	mercy	MARYLAND	2. USUAL RESIDER	ICE (Where deceased live	d. If institution: Residence b. COUNTY	before admission)
L	b. CITY OR TOWN (If outside corpo RURAL and give nearest town)	K	102 hrs.	Silver	e Sprin	limits, write RURAL and gl	ve nearest town)
2	d. NAME OF HOSPITAL (IF not in he or institution or institution of the same of	anitariva	n xtbsp.	d. STREET ADD	Fleet we	nod Terrico	e. IS RESIDENCE ON A FARM? YES NO NO
3.	NAME OF DECEASED (Type or print)	RANK S	Peter	Hun	4. DATE OF DEATH	Month 12 -	Doy Year 5 - 1958-
5. 5	Nale W.	WIDOWED [DIVORCED	B. DATE OF BIRTH	2-11 4	7 yrs.	Days Hours Min.
10	USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b, KIND if retired)	OF BUSINESS OR INDU	1 2.	C.	(12. CITI)	ZEN OF WHAT COUNTRY?
	FATHER'S NAME TVANK HO	int		MAY	gare Ha H	Ayes	
	WAS DECEASED EVER IN U. S. ARM i, no of unknown) (If yes, give wor or WW	dotes of servicel		Wife	4 Chart	/ Address	
	PART I. DEATH WAS CAUSE IMMEDIATE CO.	SED BY:	(0), (b), and (c).]	e Card	ine Tain	lure	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	DUE TO	roward	Desea	se-oceli	esion	5 420.
7	lying couse lost.	DUE TO	/				
CERTIFICATION		rweight					1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH MINER)			ijury in Port 1 or Port 11 o		
MEDICAL	20c. TIME OF INJURY Month, E Hour o. m. p. m.	While _	Not while fo	ACE OF INJURY (Ho clory, street, office b	dg., etc.)		ounty) (Stole)
	21. I certify that I attend	ed the deceased fi					ast sow the deceased e date stoted above.
?	ACTUAL SIGNATURE People	rtastar	e),	м.о. Та	Kones (Street	city or town, stotel	DATE SIGNED
	PHYSICIAN'S Robe	TA.Ho	are:-Atta	uded with	En T. Berge	many who ha	s Caredfort fort
	Burial 12/8	/58 Thereof 22c	. Lincoln (Cemetery	Colmar		(Stote) /
23.	funeral director's signature. Gasch's Sons	Hyattsvi	ADDRESS lle, Maryla		ia. REC'D BY REGISTRAR ATE DEG 9 '58	246. REGISTRAR'S SIG	L.

MARTENHO STATE DEPARTMENT OF HEALTH-BALITMORE, TO

TE OF DEATH	ADMITARD A SECURITION OF THE SECURITION
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	AN HEALTH COMMENTS AND AND THE STATE OF THE
	ated territory and president intention to the final territory at the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1 2000 MEDICAL EVAMINEDIC CENTIFICATE OF DEATH

13947

FOR STATE	
HEALTH DEPT.	

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is represent, please execute the ficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral plan. Page 4 should be be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

°. colliontgomery	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STAMaryland b. COUNTY Montgomery								
b. CITY OR TOWN (If outside corporate fimilis	, write RURAL C.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase							
d. NAME OF HOSPITAL OR INSTITUTION BOOT Kerry Lane	N (If not in hospital,	/d. STREET ADDRESS 8001 K	/d. STREET ADDRESS 8001 Kerry Lane				e. IS RESIDENC ON A FARM YES NO		
3. NAME OF DECEASED (Type or print) JOHN	L.	HUNTI	NGTON Lost	4. DATE OF DEATH	Dec. 1	,	Doy		ear 9 58
Male White	WIDOWED [NEVER MARRIED DIVORCED	8. DATE OF BIRTH June 30, 1900		9. AGE (In years feet birthday) 58 yrs.	Months 5	Doys	Hours	ER 24 HRS Min.
100. USUAL OCCUPATION (Give kind of w during most of working life, even if retir Industrial Consulta	red)	OF BUSINESS OR INDU	Indiana	or foreign c	ountry)	12. CITI	US US		COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
Oscar Huntington			Barbara	Jahe	Richard	denn			
15. WAS DECEASED EVER IN U. S. ARMED			INFORMANT		Address	45OIL			
yes WW 1	2161	38-5364Ri	th H. Huntin	gton-I	tem# 2				
18. CAUSE OF DEATH [Enter only one							INTE	VAL BETW	EN
PART I. DEATH WAS CAUSED E	Y: Coro	nary Occlu	sion					idde	
420. / DUE	- (-)								
Conditions, if ony, which)									
gave rise to immediate couse	(b)	+					-		
(o), stoting the underlying DUE									
	(c)	BUTING TO DEATH RUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	ENI INI BAD	7 1/01/1	0 14/45	VIROLIN
	CONTROL CONTRA	BOTHING TO DEATH BOT	HOT KELATED TO THE TERM	INAL DISCAS	E CONDITION GIV	EN IN TAK	1 1(0) 1.	PERFC	PMFD2
9									-37
ST EVYEBNIAL CAUSE WAS	TOOL DESCRIPE HOL	William Occupies					,	res 🔲	NO X
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING	20b. DESCRIBE HO	W INJURY OCCURRED.	(Enter nature of injury in Par	I I or Port II	of item 18.)				NO 🕌
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.									но 🔀
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Yeor 20d. INJUR	Y OCCURRED 20e. PL	(Enter nature of injury in Par ACE OF INJURY (Home, farn clary, street, office bidg., etc.	20f. (City		(Cor			NO (Stote)
20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy.		Y OCCURRED 20e. PL Not while	ACE OF INJURY (Home, forn	20f. (City		(Cou			ио 🚰
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Yeor 20d. INJUR While of work	Y OCCURRED 20e. PL Not white of work	ACE OF INJURY (Home, forn closy, street, office bldg., etc	20f. (City		(Cou	inty)	YES 🗍	(State)
20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy. Hour o. m. p. m.	Yeor 20d. INJUR White 19 of work	Y OCCURRED 20e. PL Not while of work 1	ACE OF INJURY (Home, farn closy, street, office bldg., etc ave, held an Autaps	20f. (City y, lr	or town)		unty)	res 🗍	(Stote)
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200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy. Hour o. m. p. m. 21. I certify that I laak cha opinion death resulted fram: ACTUAL SIGNATURE LAAL FEATURE LEAGUE FAMILY FOR SIGNATURE LAAL FAMILY FAMILY FOR SIGNATURE LAAL FAMILY FOR SIGNATURE LAAL FAMILY FAMI	Yeor 20d. INJUR While 19 of work rge of the remo	Y OCCURRED 20e. PL Not while of work of work of work of the property of the pr	ACE OF INJURY (Home, farn ctory, street, office bldg., etc ave, held an Autaps , Suicide , M.D. CHIEF MEDICAL EXASSISTANT MEDIC	20f. (City y	or town) Inspection [2], Undeter	Inquir	y 🔀	res []	(State) d in my
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Hour o, m. p. m. 21. I certify that I laak cha opinion death resulted fram: ACTUAL SIGNATURE LAAMINER'S Frank J. 220. BURIAL CREMATION, 22b. DATE THI REMOVAL (Specify)	Yeor 20d. INJUR 19 of work rege of the remo Natural cause Broschar	Y OCCURRED 20e. PL Not while of work ins described about Accident	ACE OF INJURY (Home, farn ctory, street, office bldg., etc. ave, held an Autaps	y , lr Homicide (AMINER) AL EXAMINE EXAMINER [or town) Inspection [2], Undeler R [1] FION (City, town, o	Inquir	y 🔀	DATE S (Store	(State) d in my
200. EXTERNAL CAUSE WAS PRIMARY Or or CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Doy, Hour o, m. p. m. 21. 1 certify that I laak cha opinion death resulted fram: ACTUAL SIGNATURE FRANK J. 220. BURIAL CREMATION, 1226. DATE THI	Yeor 20d. INJUR 19 of work rege of the remo Natural cause Broschar	Y OCCURRED 20e. PL Not while of work in sins described aboves . Accident	ACE OF INJURY (Home, farn ctory, street, office bldg., etc ave, held an Autaps	20f. (City y	or town) Inspection [2], Undeler R [1] FION (City, town, o	Inquir	y 🔀	DATES	(State) d in my

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	rounting Venturion	OU Monte and the second of the
DELT. WI	rectain ages const. Land Locate Rivation Locat	Land Committee C

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requires that the death certificate be executed within 24 haurs

death. Poge

TO FUNERAL E TO HOSPITAL the registrar VS A15 (4) 15M 10/57

		OEKIII IO	AIL OI DEAI		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Montgom	10 TV	MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryland	Vhere deceased lived. If institute b. COUNT		mission)
RURAL and give I			c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest to	own)
	t Dr.Rockvil		^	Beallsville		
OR INSTITUTION	ITAL (If not in hospital, giv	e street address)	d. STREET ADDRESS		10	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	First	Middle	Lost	OF -	onth Day	Year
	William	Eugene	Hurt	DEATH DECEM		1958
SEX		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hau	
Male	10.100	Load Comments	July 25 -1			
during most of wo	rking life, even if retired)	ne 10b. KIND OF BUSINESS OR INDU	JSTRY II. BIRTHPLACE (Stot	le or toreign country)	12. CITIZEN OF WH	IAT COUNTR
Retired	Monte Co.Mc	Employee	Virgin	ia	U.S.	
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	Tabo C Thomb		Emma Lam	hand		
S. WAS DECEASED EV	Ohn S. Hurt	ESP 16. SOCIAL SECURITY NO. 17.	INFORMANT		dress	
Yes, no. or unknown)	(If yes, give war or dates of serv	rice)		700	71.522	
Yes	1914-1918	577-26-7938	Mrs Eugene H	urt,1119-Clage	tt Dr. Rockvi	lle.M
IB. CAUSE OF DE	ATH [Enter only one cour	e per line far (o), (b), and (c).]			INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	HEMMORRAUE FA	Rom ESOPHALL	ear Variano	ONSET AN	A U.S.
5810	DUE TO	THE TEMPORARY OF	TOTAL GOTTING	as Miles		143.
001.0	/	7.22.1 - 5-				TWO IN
Conditions, if a		LIKRHOSIS OF	LIVER		10 4	2 ass
cause (a), stating						
lying couse last.					-45/6 3 40	
Z PART 11. OT		TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GL	VEN IN PART 1(a) 19 W/	S AUTOPSY
Pant II. OI					PER	FORMED?
	in an income of the	N 5555			YES	□ NO Ø
20g. ACCIDENT W OR CONTRIBUTING	G LI CAUSE OF DEATH I	0b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature at injury in	Part I or Part II of item 18.)		
	MEDICAL EXAMINER)					
3 20c. TIME OF INJU	RY Month, Day, Year	20d. INJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, for	m, 20f. (City or town)	(County)	(State)
Hour o. m.	19		ctory, street, office bldg., e	tc.)	(2//	,
ξ p. m.	17	ot work at work				
21. I certify t	hat I attended the a	leceased fram JUNE RO	1958 to D	ECEMBER 31 195	that I last saw th	a deceas
alive an DE	05 m 8 8 20			M, fram the causes		
dive dil_gc		, 12_50, and mai dean	accourse of Trans			
ACTUAL 1//	10 11	11. 14		ADDRESS (Street, city or town,	, state)	DATE SIGN
SIGNATURE	el como	France	M.D. 544 W. MON	THOMEN 9 HUE	1 CKVILLE	12/21/
	,)	1
PHYSICIAN'S NAME (Type)	VILLIAM TRE	NK, M.D.	JHAW MENTE	OMERY HVE K	UCKNILLE !	Hel-
220. BURIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	or county) (S	tole)
	12/21/58	14.		Books		
Burial	16/67/68	Monocacy		Beallswille	- MA	

		AMD STATE DEPARTM	1751051
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TO HOSPITAL OF

VS A15 (4) 15M 10/57

	700	to centure		- OI DEAII			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY Montgome	ry	MARYLAND	2.	o. SIATE Marylan	here decease	d lived. If institution b. COUNTY	n: Reside	nce befo	re odmis	co.
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, wr	ite c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF						
Olney		3 hours	X	Brookevi						
OR INSTITUTION	AL (If not in hospital, give st		1	d. STREET ADDRESS ROU'I	TE #1				e. IS RES	FARM?
Monggomery		al Hospital,	In	C. KUUI	LE #I				YES	NOVE
3. NAME OF DECEASED (Type or print)	Warren	Middle Vivian		Jack	4. DATE OF DEATH	Mont 12		7	y	Yeor 58
5. SEX		MARRIED NEVER MARRIED	8. D	ATE OF BIRTH				-	IF UND	ER 24 HRS.
Male	White WID	OWED DIVORCED		10-3-04		10st birthday) 54 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work done ing life, even if retired)	106. KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
carpente				Virgin	ia			U.	S.	A.
13. FATHER'S NAME			14	MOTHER'S MAIDEN						
Andrew J				Sally Z	imbro					
	IN U. S. ARMED FORCES?		INFO	RMANT		Addre	ess			
No		578-12-8345	Be	rtha Jack			same	2		
	TH [Enter only one couse p TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Covenary Occlu	Lsia	n-Mysiand	lial 1	Infarction			SET AND	
gave rise to in cause (a), stating t lying couse last.	he under-	Coronary	710	7 136	-> E-				1	1
ICATI		NS CONTRIBUTING TO DEATH BE					EN IN PAR	RT 1(o) 1	PERFC	AUTOPSY PRAMED? NO
20m. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	LI CAUSE OF DEATH I	DESCRIBE HOW INJURY OCCUR	CED. (E	nter nature at injury in	Port I or Por	I II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	. w	d. INJURY OCCURRED 20e. I hile Nat while work of work	octory,	OF INJURY (Hame, farm street, office bldg., etc	n, 20f. (City	or lown)	(County)		(State)
21. I certify the	at I attended the dec			, 19.52 , to	Dec.	7 1958				
olive on	5 1	950, and that deal	h oc	curred at 4 =	A.M. fran	the causes a	nd on I	he da	te state	ed abave
ACTUAL SIGNATURE	Phase C	2 dela	_ M.D.			reet, city or town, s				ATE SIGNE
	ichard A. Yat	es, M.D.	_ m.D.	Olney, N	faryla	nd			-1-=-1	1-5-6.
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	12/10/58	22c. NAME OF CEMETERY FT. LINCOLN		EMATORY	22d. LOCAT	ION (City, town, or CE GEO. C	county)	Y , M	D (Stot	e)
23 FUNERAL DIRECTOR'S	SIGNATURE UMPHPLY INC.	SILVER SPRI	NG,	MU	D BY REGIST	RAR 24b. REGIST	FRAR'S SI	GNATUR	RE	

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	and Decorption	abet . restu
12/2/21		
		Company of the second second

TO DEPUTY MEPICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nesserved execute the ficate, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be reckarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12020

13950

	20.	100							Reg	Dist. N	0.	
1. [LACE OF DEATH	ontgomery (Count	W MARYLAND		USUAL RESIDENCE (V		. b COUNT		sidence be	fore odn	nission)
b	. CITY OR TOWN (II	autside carparate limits, writ		c. LENGTH OF STAY IN 16	-	c. CITY OR TOWN (I			RURAL	and give	nearest to	own)
B	ethesda (- 1		DOA		Washington			11	7 X	3	
			If not in he	spital, give street address)		d. STREET ADDRESS			- The said			RESIDENCE
		al Hospital	, Bet	hesda, Md.		1314 "K" S	Street	, SE				A FARM?
	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mont	h	Day		Yeor
(Type or print)	Bre		Curtis		JACKSON	DEATH	20021	ber	23		1958
5. S	EX	6. COLOR OR RACE	7. MARR	IED K NEVER MARRIED	B. D/	ATE OF BIRTH		9. AGE [In years lost birthday]	-	DER TYEAR	-	DER 24 HRS
M	ale	Negro	WIDOWI	DIVORCED	2	25 July 191	.1	47 yrs.	Month	Doys	Hours	Min.
10a	USUAL OCCUPATION	ON (Give kind of working life, even if retired)	done 10b.	KIND OF BUSINESS OR INDU	STRY	11. BIRTHPLACE (Stote	e or foreign	country)	12.	CITIZEN C	F WHAT	T COUNTR
	Engineer		В	oiler Work		South Car	olina		Ţ	J.S.A		
13.	FATHER'S NAME			•	14	I. MOTHER'S MAIDEN	NAME					
Jo	hn BREVAR	D JACKSON				Sally CULE	BERSON					
	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFO	RMANT		Address				
Y	es	WW II		243 12 7983 N	rs	. Annie JAC	CKSON,	1314 K St	t.,S	.E., W	lash.	,D.C.
		TH [Enter only one co	use per line	for (o), (b), and (c).]						INTE	RVAL BETW	VEEN
	PART I. DEAT	TH WAS CAUSED BY:	Cere	ebular vascula	r	accident				1		ours
	331X	DUE TO		į.								
	Conditions, if o	ny, which) (b)	Hype	ertension						T	wo v	ears
	gave rise to immed	diate couse	M. A.	v								
	(a), stating the couse tast.	(c	1									
Z	PART II, OTH			ONTRIBUTING TO DEATH BUT	NOT	RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	VEN IN I	'ART 1(a)		
CATION										200	YES T	NO NO
TIFIC	200, EXTERNAL CAL	JSE WAS 20	b. DESCRI	BE HOW INJURY OCCURRED.	(Enter	r nature of injury in Par	rt I or Part I	I of item 18.)				
CERTIFI	PRIMARY or COL	NTRIBUTING L										
CAL	20c. TIME OF INJU	RY Month, Doy, Ye	or 20d.	INJURY OCCURRED 20e. PL	ACE (OF INJURY (Home, form	n, i 20f. (Cit	ly or fawn)	- 1	County)		(Stote)
MEDICAL	Hour a.m. p. m.	19	Whi		clory,	street, office bldg., etc	:.)					
2				remains described ab	ave	held an Auton		lospection [7]	lan	: (37	1 .	- d :
				F=1	-			Inspection 🔀,		uiry X		nd in my
	opinion deoin	resulted from:	Natural	couses [X], Accident	١,	Suicide [Homicide	e [_], Undefe	ermine	d mann	er	
	ACTUAL	2 .0	R	1 1		CHIEF MEDICAL E	VALUE FO				DATE	SIGNED
	SIGNATURE	Trank for	12	mhut	N	I.D. CHIEF MEDICAL E.						
	EXAMINER'S	(/				ASSISTANT MEDIC		77			20/	02/50
		rank J. BRO				DEPUTY MEDICAL	-	total .			12/	23/50
770	REMOVAL (Specify)	12-29-	. 0	22c. NAME OF CEMETERY O				ATION (City, town,	or count		(Sto	ite)
22	Burial DIRECTOR			Arlington I	yat		D BY REGIS	Ington	STRAP'S	irgir		
23.	FUNERAL DIRECTOR		,							S. Flas		
	W. E. JAF	WIS, Funer	al Ho	me 1432 U St.	NW	WDC DATE U	EC 2 9	00		ALC: 7 1/2/		

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VS. A15ME 5M 2/57

13951

Reg. Dist. No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13981

1. PLACE OF DEATH o. COUNTY 1.	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	ence before admission)
	MARYLAND O. STATE MICH B. COUNTY M	mte
b. CITY OR TOWN (It outside proporate limits, write RURAL c. LENGTH OF S and give negrest town)	STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
Colones DOF	7 X Squely Shinis	
d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street or		e. IS RESIDENCE
mote co year Host	mt 3in Rd.	YES NO 1
3. NAME OF DECEASED First Middl	len Lost 4. DATE Month	Doy Yeor
(Type or print) Carolin Lel	Carleson DEATH 12-12-	195V
5. SEX 6. COLOR OR RAKE 7. MARRIED NEVER MA	RRED 8. DATE OF BIRTH 9. AGE IIn years IF UNDER	TYEAR IF UNDER 24 HRS.
flevel white WIDOWED DIVOR	CED 2 - 2 2 - 5 V lost birthday) yrs. Months	Days Hours Min.
106, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS spuring most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
	md	1 9 4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Lilburn Jackson	Shirley how & Dean	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no. of unknown) (Yes, give war or doles of tervice)	NO. 17. INFORMANT Address	2 (2)
并 带	Shirty Jackson Ilin	~ 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CECUTE 7	Jacker - Bunetiti	3
500 X DUE TO		Formed Callaps
Conditions, if ony, which) (b)		in her
gave rise to immediate couse (a), stating the underlying DUE TO		
couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY
3 Involvad in auto occident 11-4-	-58. with moderate concussion	PERFORMED?
1 1200. EXTERNAL CAUSE WAS 1206 DESCRIBE HOW INITIARY OF	CCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (Cou	inty) (Stote)
Hour Mile Not while of work of work	I highway Int Zam mor	to me
21. I certify that I toak charge of the remains descri	ibed abave, held an Autopsy 🔀, Inspection 🗍, Inquir	
opinion death resulted from: Natural causes X. A	accident . Suicide . Hamicide . Undetermined n	nanner 🗍
SIGNATURE Trank Or Smortheut	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
- I - I - I - I - I - I - I - I - I - I	ASSISTANT MEDICAL EXAMINER	12 50
EXAMINER'S FRANK J. Brosch 2 nd	DEPUTY MEDICAL EXAMINER D	12-58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE	METERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
Burial Dec. 17 1958 Seals	Farm Etchison	Md-
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
Roy W- Darber Laytonsvill	Le. Md. DATEC 19'58 Quilling 8 4	4
2023182 XV5		

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0 0 filled death. puo requires that the death certificate hours 0 n

VS A15 (4)

15M 10/57

MARYLAND S	TATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
12000	CEDTIEICATE	OF	DEATH	

13952

70200 Reg. Dist. No. 215 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND Montgomery Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) Bethesda (Rural 16 days Barnesville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? U. Sl Naval Hospital YES NO IX 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED OF DEATH (Type or print) Mark Pulliam. JEDUORS December 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours DIVORCED T Male White WIDOWED yrs 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Electrician S. Navv Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Benton JEFFERS Glovinia DEACINS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Julia E. Jeffers, same as #2 above Yes None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Not while at work at work 21. I certify that I attended the deceased from November 26, 19 58, to December 12, 19 58, that I last saw the deceased alive an December and that death accurred at 10:45AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE U. S. Naval Hospital. NNMC PHYSICIAN'S Bethesda 14, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Monocacy Cemetery **Beallsville** Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hilton Home, Barnesville, Md. DATEFO 1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 43003

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		Keg. Dist. No.
PLACE OF DEATH O. COUNTY MONTAGOMEN MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution. STATE	oni Residence before admission)
b. CITY OR TOWN (If outside corporate milts, write RURAL and give theorest town)	c. CITY OR TOWN (If outside corporate limits, write R	URAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR UNITARY	1 d. STREET ADDRESS Bayand	13/vd . 15 RESIDENCE ON A FARM? YES NO DX
NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Nice Direction Middle Direction (Type or print)	Tennings DEATH Lec	th Doy Year 2 / 1958
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Jan, 8/1882 9. AGE (In years lost birthday) yrs.	Months Days Hours Min.
o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b)	I Faitherency	Mush
gove rise to immediate couse (o), stoting the underlying couse lost. DUE TO Coronaux	atherosclerosis	ylan
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to Mhile Not while of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (State)
21. I certify that kattended the deceased fram 20 Decay alive an 21. 1958 , and that death	occurred at 6 M, from the causes of ADDRESS (Street, city or lown,	in that I last saw the deceased and on the date stated abave.
ACTUAL SIGNATURE AND AND ACTUAL SIGNATURE AND ACTUA	M.D. DONWauly Ruly	illight Mil 21 De
PHYSICIAN'S NAME (Type) W. S. Murphy	615 W. Montg! Ave. R	ockville, Md.
Burial, Cremation, 22b. Date thereof Rocky Cree	ek Cemetery Washingt	
FUNERAL DIRECTOR'S SIGNATURE ADDRESS		STRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Ma	aryland one	0 40

funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours other death. Page 4 TOR: After this certificate has been signed by the attending physician and campletely filled in by may be retained by the haspital or attending physician.

TO FUNERAL CONTROR: After this certificate has been signed by the attending physician and cample, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/55

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moy be retained by the hospital or attending physician.

O FUNERAL DI TOR: After this certificate has been signed by the ottending physician and completely filled in by uneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours offer death.

TO HOSPITAL OR MOY BE retained TO FUNERAL D) 12/21 (1) 2/21 (2) 2/ TO HOSPITAL OR

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs ofter death: Page 4

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	011111111	TIE OF BEATH		Reg. Dist.	No.
1. PLACE OF DEATH MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (When o. STATE			before admission) e George's
TAKONA PART AND	340	c. CITY OR TOWN III PUT	side corporole lin	nits, write RURAL and give	PP 16-15 2
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EVENT DE HOME 1001	Hudson	d. STREET ADDRESS	102 Col	esville Roa	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARIAN EL	Middle	JOHNSON	OF DEATH	DE 1	O 19 38
5. SEX 6. COLOR OR RACE 7. MARRIED N WIDOWED N	DIVORCED	8. DATE OF BIRTH	9. AG	birthday) Months Do	EAR IF UNDER 24 HRS. ys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZE	N OF WHAT COUNTRY?
13. FATHERS NAME Caf		14. MOTHER'S MAIDEN NA	ME ES	25 lish	52.11
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (If yes, give wor or dates of service)	SECURITY NO. 17. 11	M arilin	Su	Address MS ev/	
1B. CAUSE OF DEATH [Enter only one couse of line for (a). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	(b), ond (c).]	Crombose	9		INTERVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost.	no sel	irbi eVA	1 Vis	une	tyrs +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CON	DITION GIVEN IN PART I	o) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED). (Enter nature of injury in Pa	rt I or Part II of i	tem 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OF While Not of work 19 of work 10 to	while fact	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or tow	(Cou	nty) (State)
21. I certify that I attended the deceased from alive on 1958	and that death			causes and an the	t saw the deceased date stated above.
ACTUAL SIGNATURE SIGNATURE	e^	47/3-AD	ORESS (Street, ci	by or lown, state)	DATE SIGNED
PHYSICIAN'S W.L. ETIENA	IE	Co//ege	MAR	1 /s	/
CREMOVALISOCCIANO 12-10-38	LL S	Frematory at or	2d. LOCATION (C	ity, town for county	(Stole)
23. FUNERAL DIRECTOR'S STONATURE	DRESS		BY REGISTRAR 2 158	246. REGISTRAR'S SIGNA Chilhar S. Has	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> 19. WAS AUTOPSY PERFORMED? YES NO IT

> > (Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

ON A FARM? YES NO I

Yeor

Reg. Dist. No.

Months

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

13876 **CERTIFICATE OF DEATH**

Reg. Dist. No.

	ome ry		MARYLA	ND	USUAL RESIDENCE (Who o. STATE Maryland		b. county	tgomer	7	
RURAL ond give ne		ts, write c	LENGTH OF STAY IN	116	c. CITY OR TOWN (If ou		ote limits, write R	URAL ond giv	e negrest tov	vn)
OR INSTITUTION	AL (If not in hospital, g				d. Silver Sp.			7	ON	SIDENCE A FARM?
	n Sanitariı				1018 Osage				I LES [] NO 🕞
3. NAME OF DECEASED (Type or print)	Fir	st	Middle		Keene	4. DATE OF DEATH	Decembe		Doy	Yeor 19 58
5. SEX		7. MARRIEI	NEVER MARRIED		ATE OF BIRTH		P. AGE (In years last birthday)		YEAR IF UNI	
Female 100. USUAL OCCUPATION	White				December 1	72	yrs.	10 CITIZ	511.05.14	
during most of work	ing life, even if retired)	ND OF BUSINESS OK	INDUSTRY	Maryland	r toreign cou	intry)		erica	T COUNTRY
13. FATHER'S NAME				1.	4. MOTHER'S MAIDEN N	AME				
Samuel	James	Keen	0		Carolin J	eanine	Nestle	r		
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16. SC	CIAL SECURITY NO.	17. INFO	RMANT		Add	ress		
no	is yes, give wor or dates or a				father		same			
758.6 Conditions, if or gove rise to in cause (o), stoting lying couse lost.	the under-	7	should a conclusion of the con	L BUT NO	in death	HAL DISEASE	CONDITION GIV	'EN IN PART I	PERF	AUTOPSY ORMED?
	MEDICAL EXAMINER)				onter nature of injury in Po			16-		3 NO []
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour o. m. p. m.	MEDICAL EXAMINER)	or 20d. INJU While of work [URY OCCURRED 20 Not while of work	De. PLACE	OF INJURY (Home, farm, , street, office bldg., etc.)	20f. (City o			uniy)	(State)

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	may be related by the hospital or attending physician. TO FUNERAL FIGURE After this certificate has been signed by the ottending physician and completely filled in the funeral director,	may be referred by the hospital or attending physician. TO FUNERALL SECTOR: After this certificate has been signed by the ottending physician and campletely filled in Secret funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with

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	e. COUNTY Montgomery			MARY	LAND	2. USUAL RESIDENCE (W Q. STATE District of	/here deceased	d lived. If institution biab. COUNTY	n Reside	ence befo	re admis	sian)
	RURAL and give ne	1	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF			JRAL and	give nec	prest fow	1 2
	Bethesda	(Rural) AL (If not in hospital, gi		60 days		Washington				7	11	0
	OR INSTITUTION U. S. Nava		ve sireer	address)		d. STREET ADDRESS	Ave, N	. W.				FARM?
_	NAME OF DECEASED (Type or print)	Fire		Middle		Last	4. DATE OF	Mont		Da	у	Year
5	SEX SEX	Sall:		Colema		KING	DEATH	Decemb		3		1958
	emale	Caucasian		RIED A NEVER MARRI	-	October 5, 1	900	9. AGE (In years last birthday) 58 yrs.	Manths	Days	Haurs	Min.
	o. USUAL OCCUPATION during most of work OUSEWITE	ON (Give kind of work d ing life, even if retired)	ane 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLACE (Stone New Yor		ountry)		J.S.A		COUNTR
M		rew COLEMAN R IN U. S. ARMED FORG	ES? 16.	SOCIAL SECURITY NO	17. I	Margaret NFORMANT John W. Kin	KEYS	Addre				
		TH [Enter only one can TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Ca	rcinomatos:	is					INTE	RVAL BE ET AND 4 MO	TWEEN DEATH nths
7	gave rise to in cause (a), stating lying cause lost.	the under- DUE TO (c)										
CERTIFICATION	PART II. OTH	EK SIGNIFICANT CONL	IIIONS <u>C</u>	ONTRIBUTING TO DEA	ATH BUI	NOT RELATED TO THE TERM	MINAL DISEASI	E CONDITION GIVE	N IN PA	RT 1(a) 1	PERFO	RMED?
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in	Part I or Part	II of item 18.)				
MEDICAL	20c. TIME OF INJUR' Haur o. m. p. m.	Manth, Day, Yea	20d. IN While at wark	NJURY OCCURRED Nat while t at work		ACE OF INJURY (Home, far. ctory, street, affice bldg., et		or tawn)		(County)		(State)
	21. I certify the alive on Dece	ot I attended the amber 3	decease , 1959		death	occurred at 11:00	ADDRESS (St	1/	nd on tate)	the da	le state	TE SIGNI

22c. NAME OF CEMETERY OR CREMATORY

Arlington National

Bethesda 14, Maryland

240. REC'D BY REGISTRAR

DATE DEC

Arlington

8 '58

22d. LOCATION (City, tawn, or county)

Virginia

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

VS ATS (4) 15M 10/57

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify) Burial

D. R. KOTH, LT, MC, USN

23. FUNERAL DIRECTOR'S SIGNATURE LALOUND ADDRESS
Adams Funeral Home, 4748 Wisc. Ave. NW, Wash. DC

22b. DATE THEREOF

12-8-58

		MINIMUM STATE OF	M. P. Parker
	OF DEATH	TADETHE CATE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH SALTIMONE, IS

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

1. PLACE OF DEATH

Montgomery Maryland Maryland Montgom	ery
B. CIT OK TOWN (If outside corporate timits, write KURAL and give in RURAL ond give nearest fown).	earest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) 5026 Alta Vista Road d. STREET ADDRESS 5026 Alta Vista Road	e. IS RESIDENCE ON A FARMY YES NO
NAME OF DECEASED (Type or print) MARY CATHERINE KNIGHT 4. DATE Month OF DEATH December 4,	Day Yeor 19 58
Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 47 yrs. Mgolihs 2045	R IF UNDER 24 H
On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Home Own Home 11. BIRTHPLACE (Stote or foreign country) Buffalo, New York US	OF WHAT COUN
3. FATHER'S NAME Wm. J. Murphy S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address The security No. 17. INFORMANT Address Address	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: Intestinal and Liver metastases On the conditions, if ony, which gove rise to immediate (b). Amelanotic Malignant Melanoma On the conditions of the country	TERVAL BETWEEN NSET AND DEATH 6 montths
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOP PERFORMED? YES NO
	y) (Sto
PHYSICIAN'S Robert G Angle 5009 DelRay Avenue, Bethesda, Maryland	
Bright (Specify) 20. NAME OF CEMETERY OR CREMATORY Bright (Specify) 12/6/58 22. NAME OF CEMETERY OR CREMATORY Silver Spring, Md.	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 240, REGISTRAR'S SIGNATI	
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FARMER

13 FATHER'S NAME

during most of working life, even if retired)

1S. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

WILLIAM T. KNILL

Canditians, if any, which

gave rise to immediate

cause (a), stating the underlying cause last.

8 DAYS

WIDOWED T

owner

16. SOCIAL SECURITY NO

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PETER

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) MARYLAND b. COHOWARD MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 WOODBINE --Rural d. STREET ADDRESS e. IS RESIDENCE YES NO Lost 4. DATE Month Day DEATH KNILL DECEMBER 58 15 19 IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years Months Days DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA MARYLAND 14. MOTHER'S MAIDEN NAME KATIE WOLFE 17. INFORMANT Address HOSPITAL RECORDS SAME INTERVAL BETWEEN ONSET AND DEATH CORONARY THROMBOSIS MYOCARDIAL INFARCTION GENERALIZED ARTERIOSCLEROSIS-SENILE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPS Y PERFORMED? YES NO 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)

CARCINOMA OF PROSTATE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year o. m While Nat while of work of work p. m

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).}

DUE TO

DUE TO

factory, street, affice bldg., etc.)

21. I certify that I attended the deceased from

, 19.6 that I last saw the deceased and that death accurred at 10: A M, from the causes and on the date stated above

ACTUAL SIGNATURE

ADDRESS (Street, city or town, state)

DATE SIGNED

(State)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOYAL (Specify)

22c. NAME OF CEMETERY OF EREMATORY Loudon Park

22d. LOCATION (City, town, or county) Baltimore, Md.

23. FUNERAL DIRECTOR'S SIGNATURE Waltz.

PHYSICIAN'S NAME (Type)

> **ADDRESS** Winfield, Md.

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Krous

0 VS A15 (4) 1SM 10/57

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		January E. Samer Street, Samer	
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13991 CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) B. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Bethesda (Rural) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION U. S. Naval Hospital, Bethesda, Md. 3. NAME OF DECEASED (Type or print) Carolyn Sue Middle KNOWLES 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural) A NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION U. S. Naval Hospital, Bethesda, Md. 3. NAME OF DECEASED (Type or print) Carolyn Sue KNOWLES Caucasian WIDOWED DIVORCED DIVORCED OR BUSINESS OR INDUSTRY Norfolk C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norfolk Sue C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norfolk Sue C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norfolk Sue C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norfolk Sue C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norfolk Sue C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norfolk Sue C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norfolk Sue C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norfolk Sue C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norfolk Sue C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norfolk Sue C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norfolk Sue C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sue C. CITY OR TOWN (If outside corporate limits, write Rural and sue
Bethesda (Rural) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) U. S. Naval Hospital, Bethesda, Md. 3. NAME OF DECERASED (Type or print) Carolyn Sue KNOWLES 4. DATE (Month December 7, 19 E) KNOWLES 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K. B. DATE OF BIRTH Female Caucasian WIDOWED DIVORCED 8-18-58 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) None 8. STREET ADDRESS 4. DATE (Month December 7, 19 E) KNOWLES 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 F) Months Day Hours Min Min Months Day Hours Months Day H
d. NAME OF HOSPITAL (If not in hospital, give street oddress) U. S. Naval Hospital, Bethesda, Md. January Of Hospital, Bethesda, Md. Ja
U. S. Naval Hospital, Bethesda, Md. 3. Name of DECEASED (Type or print) Carolyn Sue KNOWLES 4. Date Of DECEMber First Middle Last KNOWLES ADTE OF DECEMber 7. 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH Female Caucasian WIDOWED DIVORCED 8-18-58 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) None ON A FARM YES NO ADATE OF DECEMber 7. MONTH December 9. AGE (In years lef under 1 YEAR IF UNDER 24 H Month Day Year Month December 7. Married IV UNDER 24 H Month December 10b. KIND OF BUSINESS OR INDUSTRY Norfolk, Virginia 11. BIRTHPLACE (Stote or foreign country) Norfolk, Virginia USA
3. NAME OF DECEASED (Type or print) Carolyn Sue KNOWLES 4. DATE Month December 7. 19 5 5. SEX 6. COLOR OR RACE Female Caucasian WIDOWED DIVORCED S-18-58 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) None Middle Last KNOWLES 4. DATE Month December 7. 19 5 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Wrs. Months Day Year IF UNDER 14 FAR IF UNDER 24 FOR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) None 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY Nonfolk, Virginia USA
Carolyn Sue KNOWLES OFATH December 7, 19 5
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED S-18-58 9. AGE (In years lef under 1 year in under 24 Formals) S-18-58 Post birthdoy) yrs. 3 Post of 8IRTH S-18-58 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF 8USINESS OR INDUSTRY Norfolk, Virginia 11c. CITIZEN OF WHAT COUNTY USA
Female Caucasian widowed Divorced Sensor Services of Sensor S
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Norfolk, Virginia 12. CITIZEN OF WHAT COUNTY USA
None Norfolk, Virginia USA
112 FATHED'C NIAME
13. FATHER'S NAME
William Lee Knowles Mary Kaythryn ELLIS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
No None (F) Wm. L. Knowles, same as #2 above
18. CAUSE OF DEATH [Enter only one cause per line for (o) to) and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) A houlable Consession bort Sauler ONSET AND DEATH
754.5 DUE TO ()
Conditions, if ony, which) (b) (en Cambel Jean Deseare.
gove rise to immediate cause (a), stating the under-
lying couse lost. (c)
PERFORMED? YES XX NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CENTER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sto
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While at work of twork of two twork of two
21. I certify that I attended the deceased from November 4 , 1958, to December 7 , 1958, that I last saw the deceased
alive an December 7, 19 58, and that death occurred at 5:30P, M, from the causes and an the date stated ab
ADDRESS (Street, city or town, stote) DATE SIG
SIGNATURE / L. S. Naval Hospital, NNMC 12-8-5
PHYSICIAN'S TO THE MEDITAL TOTAL TOT
NAME (Type) Kenneth W. SEII, LT, MC, USN Bethesda 14, Maryland
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or caunty) (State)
Burial-Shipment 12-9-58 Little Flock Shelburn Indiana
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
RVA Promphice Trungral Home, Bethesda, Md. DATE DEC 1 0'58 Cuthing S. Kisus
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		1111			41.25	Name Name	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13877 Item 8, Film CERTIFICATE OF DEATH

13964

						Keg. Dist. No),	
1. PLACE OF DEATH a. COUNTY MON	NTGOMERY	MARYLAND	2. USUAL RESIDENCE (W. o. STATE MARYL		lived, If institution b. COUNTY	MONTG		m)
b. CITY OR TOWN (I RURAL and give no TAKOMA		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ote fimits, write RU	RAL and give ne	arest lawn)	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give street 7508 BLAIR ROAL	nddress)	d. STREET ADDRESS 7508 BLA	IR ROAL			o. IS RESIE ON A F	FARM?
3. NAME OF DECEASED (Type or print)	first WARREN	Middle JOHN	Lost KRAMER	4. DATE OF DEATH	Mante			ear 9 58
5. SEX MALE	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH 12/24/85 84	9	73 yrs.	Months Days	Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work SHOP FORE	ON (Give kind of work dane 10b. king life, even if cetired) EMAN- Public Blo	king of susings on indu	STRY 11. BIRTHPLACE (Stone WASHINGTO	or foreign cou N, D.C.	untry)	12. CITIZEN C		COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
JOHN COM	WRAD KRAMER		IDA MARIA	DULEY				
18. CAUSE OF DEA PART I. DEA Conditions, if o gove rise to i cause (o), stoting lying couse tast. PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY	ATH [Enter only one couse per link the WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (c) DUE	NONE Mrs The for (a), (b), and (c). Cutty Cutywice		Lary Ainal Disease	CONDITION GIVE	er Rd.	PERFOR	DEATH LIP .
20c. TIME OF INJUR Hour a.m. p. m.	RY Manth, Day, Year 20d. II 19 While at war	Nat while fa	ACE OF INJURY (Hame, far, ctary, street, affice bldg., et	m, 20f. (City o	ar tawn)	(County)		(State)
actual signature Physician's NAME (Typy)	JAMES R. COLEMAN	Column W	Mb 113 C	ADDRESS (Structure) AUTO AUT	the causes or set, city or tawn, s	12 D	ate stated	d abave
BURIAL 23 FUNERAL DIRECTOR		ADDRESS SILVER SPRING	24g. REC	D BY REGISTR		TRAR'S SIGNATU		

may be retained by the hospital or attending physician.

D FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in efformable for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL may be reto VS A15 (4) 15M 9/55

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death: Page 4

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13992 CERTIFICATE OF DEATH

13965

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1, PLACE OF DEATH o. COUNTY	ONTGOMERY		MARYLAND	2. USUAL RESI	DENCE (W	here deceased ND	d lived. It instituti b. COUNTY	ian: Residence	e before ad MERY	mission)
b. CITY OR TOWN (RURAL and give in SILVER	If outside corporate limit learest town) SPRING	s, write	c. LENGTH OF STAY IN 15			outside corpo	rate limits, write F	RURAL ond g	ive nearest t	own)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g 1801 GRACE	CHUR	oddress) CH ROAD	d. STREET / 1801		E CHUR	CH ROAD		0	RESIDENCE N A FARM? NO [X
3. NAME OF DECEASED (Type or print)	Fin HENRY		Middle BERNARD	LANDGRAI		4. DATE OF DEATH	Mor DEC		Doy 20	Year 19 58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	ELED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT 9/19/68			9. AGE (In years lost birthday) 90 yrs.		Days Hou	NDER 24 HRS.
10a. USUAL OCCUPATI during most of wor Plate Pri	ON (Give kind of work of king life, even if retired). nter	one 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHP		e or fareign co	ountry)		ZEN OF WI	HAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
Anton F.	Landgraf			E	lise	Branda	u			
(Yes, no. or unknown) 18. CAUSE OF DE.		use per lir	none Mrs	Thru	s. La	ndgraf	, 1801 G	race C	INTERVAL ONSET A	Rd. Tyland Between ND DEATH Company Company Reference Refer
200. ACCIDENT W) (c)	DITIONS C	ONTRIBUTING TO DEATH BUT					VEN IN PART	PE	AS AUTOPSY RFORMED?
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yeo	While	Not while fa	ACE OF INJURY (actory, street, offic			or town)	(C	ounty)	(State)
actual SIGNATURE	onat I attended the South and I attended the South and I attended to the South and I attended the So	19 =	d from S. F., and that death	n accurred at	6 Cu	M, fran	the causes of ceet, city or town.	and on th		
220. BURIAL, CREMATIC REMOVAL (Specify CREMATION	226. DATE THEREO		Ft. Lincoln (7		ION (City, Jown, o			itate)
23. FUNERAL DIRECTOR RAYMER RAYMAN	'S SIGNATURE	INC.	ADDRESS	ING, MD.	24a. REC	O BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE	

TO FUNERAL DIRECT TO HOSPITAL OR VS A15 (4) 15M 10/57

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13993 **CERTIFICATE OF DEATH**

Reg Dist No

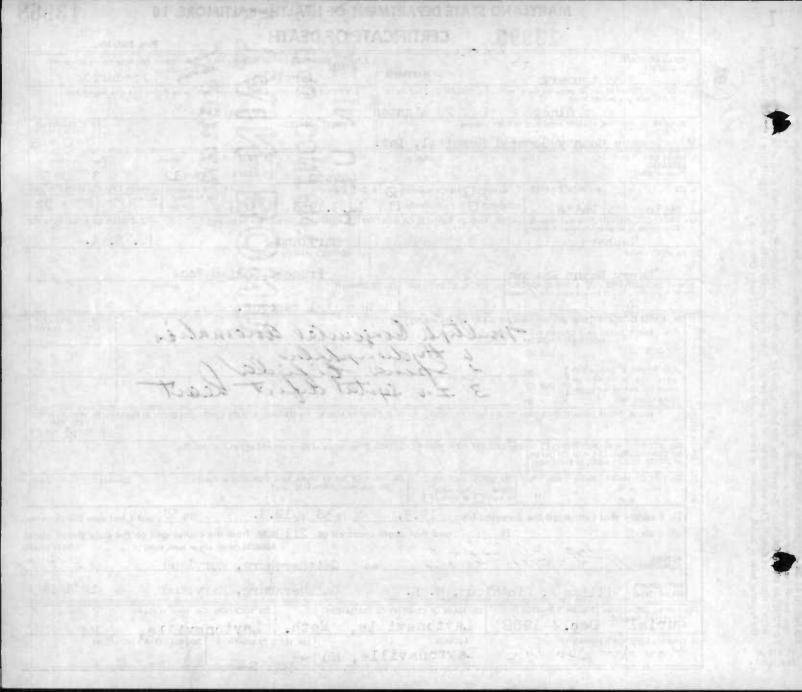
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1. PLACE OF DEATH			MARY	AND	2. USUAL RESI			lived. If instituti			
	ntgomery						land		Mont	gome:	ry
B. CITY OR TOWN (II RURAL ond give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If	outside corpor	ote limits, write R	URAL and gi	ve nearest	town)
	Spring				X	Be	thesd	a			
	AL (If not in hospital, s	jive street	address)		d. STREET		011000			e. IS	RESIDENCE N A FARM?
Manle Lan	e Nursing	Hor	ne		510)9 Wc	rthin	gton D:	rive	YE	NO N
3. NAME OF DECEASED (Type or print)	BATE BA		Middle		LANHA		4. DATE OF DEATH	Mor	ith	Day	Yeor
5. SEX			RIED NEVER MARRIE		8. DATE OF BIRT			9. AGE (In years	IE UNDER	YEAR IE II	NDER 24 HIRS.
Female	White	WIDOW	ED DIVORCED		10/10/	/1868		last birthdoy) yrs.		Doys) Ho	
10a. USUAL OCCUPATION during most of work	N (Give kind of work	done 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPI	LACE (Stote	or foreign co	untry)	12. CITIZ	ZEN OF W	HAT COUNTRY
House	ing life, even it retired	,			7	Janhi	m ~ d= ~ m	T) C	71	C	
13. FATHER'S NAME	WILE		Own Home	2	14. MOTHER'S			D. C.	. U		
_/					-						
7	Webel					nknow	m				
5. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. 11	NFORMANT			Add	ress		
No		0	None	B	.E. Lar	ham-	son-s	ame as	24		
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	ne for (o), (b), and (c).] RTERIOSC	,	ROTIC	HE	EART	PISE	-ACI	INTERVA ONSET A	ND DEATH
1420.0	DUE TO	/									
Conditions, if an	ıv. which)	F	SCENTIL	11	HV	DE	ATE	N3101	1		
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lying cause lost.	ne under (-	VERALIZA	EN	107	-2/1	~ 1 / 6	ROSIS			
				-0	AKI					1	
PARI II. OIN	EK SIGNIFICANT CON	DILIONS	CONTRIBUTING TO DEA	IH BUI	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY REORMED?
5			SEIVIL	17	< <u>X</u>						ON O
(IF EITHER, NOTIFY	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRE	(Enter nature o	of injury in	Port I or Port	Il of item 18.)			
20c. TIME OF INJURY Hour a. n. p. m.	Month, Day, Yes	While	NJURY OCCURRED Not while to work	20e. PL/ foc	CE OF INJURY (Home, form e bldg., etc	20f. (City	or town)	(Co	ounty)	(Stote)
21 I contife the	at I attended the	danna	ed from GCT -	U	10/2			7			
					, IY_S,E.	110	The Company of	19.55	_,that I lo	ist saw t	he decease
alive on DE	9	, 187	and that	death	occurred at					e date st	ated above
ACTUAL	//		10				ADDRESS (Str	eet, city or lown,	state)		DATE SIGNE
ACTUAL	Buen da	1	fordes		M.D	206	N	much	DI	/	2/9/
PHYSICIAN'S NAME (Type)	Henry M	Low	den			her	1 Chi	on, h	1		7.775
20. BURIAL, CREMATION			22c. NAME OF CEME	TERY OF	CREMATORY		22d. LOCATI	ON (City, tawn, o	or county)		State)
REMOVAL (Specify) Burlal	12/12/5	8	Arlingt			- 7					ordie)
3. FUNERAL DIRECTOR'S		70	ADDRESS	OII .	wattona			ngton,			
								AR 24b. REGIS	TRAR'S SIGN	NATURE	
Kobert A	. Pumphre	V	Bethesda,	Ma:	ryland	DATE	1 5 150	0.4	2 40		

funeral director, ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or altending physician.

TO FUNERAL DICTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please reprove cachon papers. Pages 1 and 2 shot the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/55

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ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR TO FUNERAL DIS

VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH 13996

1. PLACE OF DEATH o. COUNTY Montgomer	У		MAR	YLAND	2. USUAL RESI	h Car	here deceased	d lived. If i b. CC	nstitutio DUNTY	n: Reside	ence befo	ore admiss	sion)
b. CITY OR TOWN (RURAL and give no	If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If	outside corpo	orote limits,	write RL	JRAL one	give ne	arest town	1)
Bethesda			37 days		Wood	ruff			7	7 x	-3		
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS			-			e. IS RES	
	cal Center	, Bet	hesda 14,	Md.	Route	e #1	37						FARM?
3. NAME OF DECEASED	Fir	st	Middle		to	sf	4. DATE		Mont	h	De	ру	Yeor
(Type or print)	Marth	a.	Leonor	ra	Leona:	rd	DEATH	De	ecen	nber	3	0,	19 58
5. SE X	6. COLOR OR RACE	7. MARR	RIED NEVER MARRI	ED 🔀 8	B. DATE OF BIRT	н		9. AGE (In	years				R 24 HRS.
Female	White	WIDOWI			Decembe		1915	lost birth	yrs.	Months	Doys	Hours	Min.
10o. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPI	LACE (Stote	or foreign co	ountry)		12. C	ITIZEN C	OF WHAT	COUNTRY
Cashier	ang mo, even a remed		Unknown		Sout	th Car	rolina			1	J. S	Δ	
13. FATHER'S NAME					14. MOTHER'S					-	0.0	. 11.	
Lorraine	Leonard				Kate	e Dru	mond						
1S. WAS DECEASED EVE			SOCIAL SECURITY NO). 17. IN			dical	Record	Addre	013			
No	(in yes, give wor or ourse or s		available	Th	e Clinio						Mar	rvlar	2
	ATH [Enter only one co			.1		- St. 1		De offi	coue	-		ERVAL BE	
	TH WAS CAUSED BY-	0	hronic Rhe		ic Heart	t Dies	2258				ON	SET AND	DEATH
111/1	IMMEDIATE CAUSE (o		THE OTHER PRINCE	Julia U	IC HEEL	O DISC	-0.56						
4/6%	DUE TO		+	-1 D	-64								
Conditions, if o	mmediate		trial Sept	al D	erecr								
couse (o), stoting													
lying couse lost.) (c)											
PART II. OTH	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMI	INAL DISEASI	E CONDITIO	N GIVE	N IN PA	RT 1(o) 1	PERFO	RMED?
200 ACCIDENT WA	S LINDERLYING T	20h DESC	CRIBE HOW INJURY O	CCUBBED	/Fatan antonia	(!=! != !	D1 1 D1	A - 6 'A 9	0.1			YES	№ □
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	AUD. DES	EKIBE HOW INJURY O	CCORRED	. (cnier noture o	r injury in i	ron I or ron	i ii or iiem i	8.)				
	Y Month, Day, Yes	r 20d. IN	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home form	20f (Cilv	or town)	-		10		164-1-1
Hour o.m.	19	While	Not while	foct	ory, street, office	e bldg., etc.	.)	or lown)			(County)		(Stote)
		of work		7	20	**			76				
	at I attended the		ed from Novem	per	23, 1950	, to De	ecembe	r 30 19	950	,thot I	last so	ow the	decease
olive on De	cember 30	_, 19_5	o and that	deoth	occurred at	6:10	M, from	n the cou	ses or	nd on	the da	te state	d above
7	0 1	- 4	001				ADDRESS (SI	reet, city or	town, s	tote)			TE SIGNE
ACTUAL	en d	1. 6	rate	N	D. The	Clinic	cal Ce	nter				12/3	30/58
BUVEICIANIE					The I	Vation	nal In	stitu	tes	of I	leal	th	
PHYSICIAN'S NAME (Type)	Leon I.	Goldh	erg. M. D.		Bethe	esda]	LL, Ma	ryland	1				
220. BURIAL, CREMATIO REMOVAL (Specify) Sur-Transit	N, 22b. DATE THEREO		Antioch	ETERY OR			22d. LOCAT	ION (City, t	own, or	county)	C	(Stote	
								rtenb					olina
Robert A.	Pumphre	v-Be	thesda. Mc	1.		240. REC'I	D BY REGIST	RAR 24b.	REGIST	TRAR'S SI	IGNATUI	RE	
						DATE THE	N 9 10	6	0	Thurst	71 2	18	
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ET SECONTIAN - MILES OF THE WILLIAM STATE COLLECTION Even E. and diper and M. M. and an area of the college Spertanburg Co. S. Carollela Scoot A. Lumphrey-Belooses, ald.

TO HOSPITAL OR may be retain TO FUNERAL DI

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13997 CERTIFICATE OF DEATH

13970

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	PLACE OF DEATH o. COUNTY	Montgome	ery	MARYL	AND	2. USUAL RESID	ylan	d deceased live	b. COUNM	ont gom	before admi	ssion)
	b. CITY OR TOWN (I	f outside corporate limi carest town) or Spring	its, write	c. LENGTH OF STAY II	N 16			outside corporate l Spring	imits, write Rl	JRAL and giv	e nearest to	vn)
		At (If not in hospitol, or Daughter				d. STREET A		wster Av	enue		ON	A FARM?
	NAME OF DECEASED (Type or print)	Fin MATA		Middle	LI	FTMAN		4. DATE OF DEATH D	Mont ecembe		Day	Yeor 19 58
5.	Female	6. COLOR OR RACE White	7. MARR	DIVORCED		. DATE OF BIRTH	?	la	GE (In years st birthdoy) BO yrs.	Months D	YEAR IF UN	
	Housew	ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST		Russ	ia)		ussia	T COUNTRY
13.	FATHER'S NAME					14. MOTHER'S						
	Eli Bar				1 and 10 a		Rose	-				
		R IN U. S. ARMED FOR Iff yes, give war or dates of t		None		Louis K	otz	206 Bre	Addr wster		S. Spg	, Md.
L CERTIFICATION	OLO 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	the under- ter significant cond age, malr is underlying I CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS COLUMN	CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO	THE TERMI		NDITION GIV	EN IN PART I	PERF	
MEDICAL	Hour a.m. p. m.	Y Manth, Doy, Ye	While of wor	k of work	fact	CE OF INJURY (I lory, street, office	bldg., etc				unty)	(State)
	21. I certify the alive an	at I attended the Dec. 30, y dray Sydney Le	Le.	58, and that		accurred at	4:10 0 Ga	An Mrom the ADDRESS (Street, Colores Syrille)	city or town,	and an the stole)	date sta	hed abave DATE SIGNED
220	BURIAL, CREMATIO		OF .	22c. NAME OF CEME	TERY OR			22d. LOCATION				ote)
	REMOVAL (Specify)	Jan 1, 1	1959	Ohey Sho	lom	Cem.		Was	hington	n, D.C	•	
23.	Goldberg	Funeral Ho	ome i	4217 9th St	2. reet	N.W.	240. REC'	D BY REGISTRAR		TRAR'S SIGN		
-							200	A V V			LAGILE	

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Apparent Japan Table			Manuschample	
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TO HOSPITAL OR TO FUNERAL D

VS A15 (4) 15M 9/S5

13971

CERTIFICATE OF DEATH 13998

1. PLACE OF DEATH o. COUNTY	am en	MARYLAND	2. USUAL RESIDENCE (W		If institution: Reside	ence before admission)
b. CITY OR TOWN (H RURA), ond give ne	outside corporate limits, warest town)	c. LENGTH OF STAY IN 16	c. CITY OR JOWN (IF	outside corporote lin	nits, write RURAL and	give nearest town)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give :	atreet oddress)	d. STREET ADDRESS	mur	ras	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First	Middle	Loss Loss	4. DATE OF DEATH	Month	Doy Yeor 111 19:5-8
5. SEX		MARRIED NEVER MARRIED DOWED DOWED DIVORCED	8. DATE OF BIRTH 2-14-91	9. AG	E (In years IF UNDE birthday) Months yrs.	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATIO		10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign country)		ITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ee m. L	note	14. MOTHER'S MAIDEN	NAME Blan	chan	/
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES!		CII Locke	5-200 m	Address	hey Chase m
PART I. DEA	TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).] *	6			IMTERVAL BETWEEN ONSET AND DEATH
Conditions, if or gove rise to in couse (o), stoting	mmediate (DUE TO	Renal	Blasting.	lion	6	4 Duy.
lying couse lost.	(c)	ONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PA	PERFORMED?
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of i	tem 18.)	YES NO []
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home, for foctory, street, office bldg., etc	m, 20f. (City or tow	rn)	(County) (Stole)
21. I certify the alive on	at I attended the de	PC IV	, 19.55, ta I. th accurred at 11.205)	causes and an	last saw the deceased the date stated abave. DATE SIGNED
PHYSICIAN'S NAME (Type)	JOHN C	MURRATI	10 1801 9	ge St him	w656	10-60-
220. BURIAL, CREMATIO REMOVAL (Specify). Burial		22c. NAME OF CEMETERY 8 Cedar Hil		Suitla	nd, Mary	
23. FUNERAL DIRECTOR		ADDRESS Bethesda, Ma		'D BY REGISTRAR C 1 8 '58	24b. REGISTRAR'S S	
AND ALL ARE	- umpittey	Detricado, Ma	7 1 2 1 2 2			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13999 CERTIFICATE OF DEATH

Rea. Dist. No.

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1. PLACE OF DEATH o. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (W. o. STATE MARY)		ed. If institution b. COUNTY	Residence before MONTGO	and the same of th
RURAL and give n	If outside corporate limits, write earest town) IR SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporote ER SPRING	_	RAL ond give ne	arest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, give stre 3002 Blue Ric		d. STREET ADDRESS 3002 Bl	ue Ridge	Ave.		e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	JOHN First	Middle AUGUST	Lost LOFGREN	4. DATE OF DEATH	Manth DEC.	9	y Year
5. SEX MALE	TOTAL TOTAL PRINTER	RRIED A NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7/23/80	1		Months Days	Hours Min
during most of work	ON (Give kind of work done 10 king life, even if refired) On Foreman,	t Metal Work	ISTRY 11. BIRTHPLACE (SION NEW YOR)		(۲)	U.S.A.	OF WHAT COUN
13. FATHER'S NAME	FGREN		14. MOTHER'S MAIDEN CHRISTI	NAME NE PETER	SON		
	R IN U. S. ARMED FORCES? [If yes, give war or dates of service)		INFORMANT Ins Florence	S. Lofgr	Addres en, 3002		lidge Av
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under- CC (c)	S CONTRIBUTING TO DEATH BUT	6	state			SET AND DEAT
200. ACCIDENT W	AS UNDERLYING [] 20b. D	CICALIZADO ESCRIBE HOW INJURY OCCURRE	arten	o sel	eire	(N, PAKI 1(0)	PERFORMED?
	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year 20d Whi	. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for ictory, street, affice bldg., et	m, 20f. (City or t		(County)	(Ste
21. I certify the alive an	JOHN J. CURI	and that death	15-619, to 1 n occurred at 1/1/2	2/9/5 A.M. from th ADDRESS (Street,	e causes and	d an the da	aw the decenter stated about the stated about side of the state state state state of the state o
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	12/12/58	22c. NAME OF CEMETERY OF			GEO . CC		(Stote)
Raymone	SHENATHREY INC.	ADDRESS SILVER SPRING		O BY REGISTRAR		RAR'S SIGNATU	

funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

S FUNERAL

CTOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 shaulo be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR A VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Pag Dist No

	2 17 6	7 4 4							KAR DIS	, 140.	
1. PLACE OF DEATH o. COUNTY Mont gome:	ry		MARY	LAND	2. USUAL RESID	ence (whennect	ere deceased	lived. If institu b. COUNT		e before adm	nission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda			c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bridgeport 45 x - 3						
OR INSTITUTION	AL (If not in hospitol, gical Center			id.	d. STREET AC		shire .	Avenue		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir The:	si Ce38.	Middle Mar	ie	Lo Rus:	30	4. DATE OF DEATH	_	ember	3,	Yeor 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARRIE	ED NEVER MARRIE	_	April 2	, 191		AGE (In year lost birthday)	Months E	YEAR IF UN Doys Hour	
10a. USUAL OCCUPATION during most of work Housewife	king lite, even it retired	done 10b. K	None	R INDUS	TRY 11. BIRTHPLA			intry)		S.A.	AT COUNTRY
13. FATHER'S NAME Michel Ci	aurro				Grace	Run					Tagji
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war ar dates of s		OCIAL SECURITY NO.	17. IN	he Clini	e Med	ical Renter,	ecord Ad Bethes	da 14,	Maryl	and
Conditions, if o gove rise to it couse (o), stoting lying couse last.	mmediate the under-	po	stopen volu s	tu	ie po	non	P- Con	geni	tal	24 ?cor	hrs.
20g. ACCIDENT WA	AS UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER		RIBE HOW INJURY OF					II of item 18.)	IVEN IN PART	PER	SY AUTOPSY FORMED?
20c. TIME OF INJUR Hour o. m. p. m.		or 20d. IN. While of work	JURY OCCURRED Not while of work	20e. PLA foci	CE OF INJURY (H tory, street, office	ome, form bldg., etc.	, 20f. (City o	or town)	(Co	ounty)	(Stote)
21. I certify the alive an Dec ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) N	/ fengua Perryman	decease , 1950	of from Novem 8, and that Collins ns, M. D.	death	A.D. Th	e Cli	inical al Inst ia II,	the causes the causes the city or lowe Center Litutes Maryla	of Hea	e date sta 12	e decease ated abave DATE SIGNE -3-58
220. BURIAL, CREMATIO U PENOTAL (SPECIE)	nsit 12-4	-58	St. Mich	ael	Cemete:	-	Bridg	on (City. town	Con	n.	rate)
23. FUNERAL DIRECTOR' ROBERT A		Y F	Bethesda,	Md	•	24a. REC'I	BY REGISTR		Chur S. A.	4	

unerol director, ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIVICIOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detoched for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shot the registror prior to burial, crematian, or remayal, and in any event within 72 hours ofter death. TO HOSPITAL OR

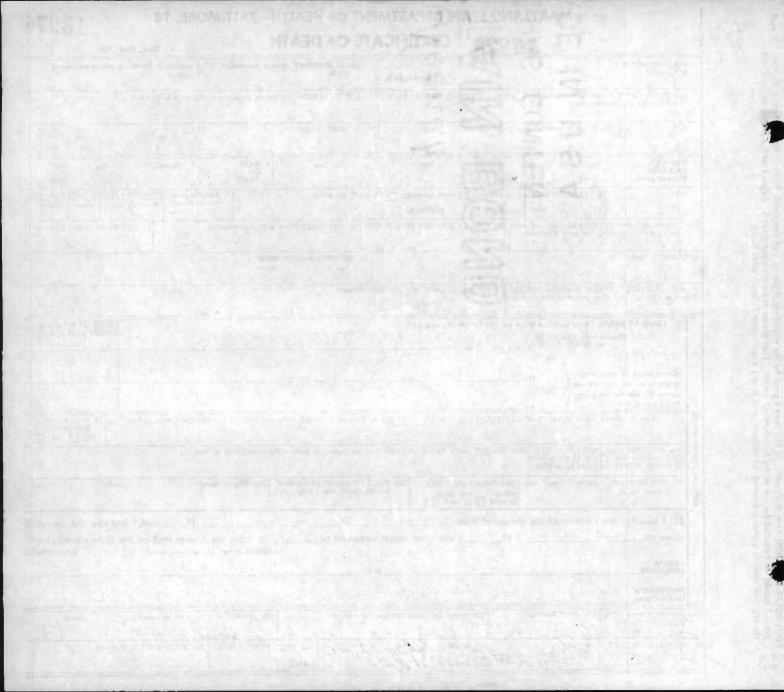
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MARYLAND SI	CENTIFIC	ATE OF DEATH	I—BALTIMORE, 1 I	1337
13878	3=3311710			Reg. Dist. No.
d. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write / c.	LENGTH OF STAY IN 16	mary	and	Pr. george.
RURAL and give nearest town)	LENGTH OF STAT IN 1B	C. CITTOR TOWN (IT SO	utside corporate limits, write R	UKAL ond give nearest (pwn)
d. NAME OF HOSPITAL (If not in hospital, give street odde	ross)	d. STREET ADDRESS	70 16	e. IS RESIDENCE
OR INSTITUTION WASHIMETUN SANITI		(2.50 1) NO	of six m	ON A FARM? YES NO TO
NAME OF First	Middle	Lost	4. DATE Mon	
Pype or print) HERMAN	G. L	UNSFORD	DEATH DEC.	1.5 1958
6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS
Virale White WIDOWED [DIVORCED [June 14 - 19	10/ 57 yrs.	Months Days Hours Min.
USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTR
DOSTAL SUPER- 0	Part office	1 man	verser Va.	121521
FATHER'S NAME V15012	11	14. MOTHER'S MAIDEN N	AME	
Lames q. Lee	insperd	man	tilly ail	()
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17.	NFORMANT	Add	ress
The little and was a country of the second o	428 92	132) Eur	airo /	Lundard
18. CAUSE OF DEATH [Enter only one cause per line for	or (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	TRANARY	1 THROM	1BOS15	ONSET AND DEATH
420.1 DUE TO	1000			1 // // //
Conditions if any which \	rterio -	Alloni	N .	2 leting
gove rise to immediate		<u>Jewana</u>		32-0-7
bules cover fact				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(6) 19. WAS AUTOPSY
				PERFORMED?
20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIB	E HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)	ILS [] NO [[
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	RY OCCURRED 20e. Pt	ACE OF INJURY (Home, form,	20f (City or town)	(Country) (Chata
Hour o. m. While	Not while fo	ctory, street, affice bldg., etc.))	(County) (State
p. m. 19 at work				
21. I certify that I attended the deceased				that I last saw the deceas
alive on Ale 19 19	, and that death	occurred at 12:54	M, from the causes o	and on the date stated above
0,31:77		101.	ADDRESS (Street, city or town,	stote) DATE SIGN
ACTUAL SIGNATURE JULIAN SIGNATURE	e	M.D. (09//	5th x 11	.W.
PHYSICIAN'S A B. LITT	LEMI	WKN	hunter 1	2 DC
	c. MAME OF CEMETERY C	D CDEMATORY	22d_LOCATION (City, town,	(54-44)
PENOVALISTON UT DUC 19 7	Minassa	e Centre	manas	or county) (State)
EMPLARAL DIRECTORS STONE PURE	ADDRESS WASH	12. DC 240. PEC'D	BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE
254 B	erroll Stru	DATE DEC	1 9 '58 G	Thur S. Kraus
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13975

EATH

	13879	CERTIFICATE	OF D
ACE OF DEATH		2. U!	SUAL RESIDE

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE b. COUNTY A 64
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b RURAL and give nearest town) C. LENGTH OF STAY IN 1b RURAL and give nearest town) C. LENGTH OF STAY IN 1b RURAL and give street address C. LENGTH OF STAY IN 1b RURAL and give street address CR INSTITUTION REST 2 2 2	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 Takong Pk d. STREET ADDRESS 8519 GLENVIEW AVENUE • IS RESIDENCE ON A FARM? YES IN NO IN
3. NAME OF DECEASED (Type or print) CFVACE L. Middle L.	Lost 4. DATE Month Day Year
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH NOV. 9 1903 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME JOHN MCCALLUM	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME JANE SHIELLS
	Address ss Margaret J. Carlson, 8519 Glenview Ave.
Conditions, if ony, which gave rise to immediate couse (a), stating the under-	of Breast & Intervient onset and Death onset and Death of yrs.
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
21. I certify that I attended the deceased from. 113 alive on 1216, 1958, and that death ACTUAL SIGNATURE S. FERRILL SIGNATURE	occurred at 11.30 AM, from the causes and on the date stated above. ADDRESS (Street, city or lown, stote) DATE SIGNED M.D. SC 11 Coles will Rd 12/6/58
PHYSICIAN'S G. LENNARD GOLD NAME (Type)	Silver Apring, Ud.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O TRANS. & BURIAL 12/11/58 WHITE CHAPEL	R CREMATORY 22d. LOCATION (City. town, or county) (Stote) MEM. CEMETERY, BIRMINGHAM, OAKLAND CO., MICH.
RAFUNERA DIRECTORISMONATURE, INC. SILVER SPRING	MD. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 1 0 '58 Conting S. Frank

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page TO FUNERAL D VS A1S (4) 15M 9/SS

D FUNERAL DESTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours effer death.

y the hospital ar attending physician.

funeral director,

4130		
SALITATION CONT.		
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	74	LUU	CERTI	FICATI	E OF DE	AIH	224		Reg. Di	ist. No	215	
1. PLACE OF DEATH o. COUNTY Montgomers	v		MARY		USUAL RESIDENCE o. STATE Pennsyl	120.2	ceased live	ed. If instituti b. COUNTY	on: Resider	nce befo	ore admiss	sion}
b. CITY OR TOWN (I	If outside carporate limits	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW		carporote	limits, write R	URAL ond	give ne	arest town	n) /
Bethesda	P 1		131 days		Wayne			71	TX	.3		
d. NAME OF HOSPIT	AL (If not in haspital, given	ve street a	ddress)		d. STREET ADDR	RESS		- / 6-			e. IS RES	SIDENCE
U. S. Nave	al Hospital				Grange						ONA	A FARM?
3. NAME OF DECEASED	First		Middle		Last	4. D	ATE	Man	th	Do	эу	Year
(Type or print)	Char		Daniel	MAC	GILLIVE		EATH	Decer	nber	15		1958
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED 🔲 8. D	ATE OF BIRTH		9. A	GE (In years				ER 24 HRS.
Male	Caucasian	WIDOWED	DIVORCE	D 🔲	4-21-02			56 yrs.	Manths	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind af wark do	one 10b. K	IND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE	(State or fore	eign cauntr	y) (Y	12. CI	TIZEN C	OF WHAT	COUNTRY
Diplomatic		U.S	Dept. of	State	Mass.				TT :	S.A.		
13. FATHER'S NAME		1000	Deper of		. MOTHER'S MA	IDEN NAME			1 0.1	D, A,	t	
	A. MAC GIL				Florenc	e (unk	nown)				
	R IN U. S. ARMED FORC		OCIAL SECURITY NO	. 17. INFO	RMANT			Add	es Apt	.J93	19 Ar	lingt
Yes	unknown		None	(W)	Dorothy	C. Mac	Gilli					
18. CAUSE OF DEA	ATH [Enter only one cau	se per line	far (a), (b), and (c).							INT	ERVAL BE	TWEEN T
PART I. DEA	TH WAS CAUSED BY:	Lv	mphosarco	ma						ON	6 mo	DEATH
200.1	DUE TO		mp no baz oo.							-	O mo	18
Canditians, if a												
gave rise to in	mmediate (D)									-		
cause (a), stating	the under- DUE TO											
lying cause last.) (c).	ITION IS SO								- 1		
PART II. OTH	HER SIGNIFICANT COND	IIIONS <u>CC</u>	ONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE	TERMINAL D	ISEASE CO	NDITION GIV	'EN IN PAR	T 1(a)	PERFC	RMED?
	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	POB. DESCI	RIBE HOW INJURY O	CCURRED. (Er	nter nature of inju	ury in Part I o	or Part II a	f item 18.)				
	Y Manth, Day, Year	20d. IN.	JURY OCCURRED	20e. PLACE	OF INJURY (Home	e, form, 20f	. (City or to	awn)	(County		(State)
Hour o. m.	19	While at work	Not while of work	factory,	street, affice bld	g., etc.)				,,		, ,
				- 0	EΩ	Dane	h 7	r r0	<u> </u>			
21. I certify th	at I attended the	decease			_, 1 <u>958</u> _, to	Decem	mer 1	5, 19 58	that 1	last se	aw the	decease
alive an De Ce	smper 12	, 1958	, and that	death oc	curred at LU					he da		
/	7-1/							city or town,	state)		D	ATE SIGNE
SIGNATURE	1/40	900	22-	M.D.	U.S.	Naval	Hosp	ital,	NNMC		12-1	5-58
PHYSICIAN'S T		/										
NAME (Type) J	. T. HORGAN	, LCD	R, MC, USI	V	Bethe	sda 14	, Mar	yland				
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF		22c. NAME OF CEM	ETERY OR CR	EMATORY	22d. I	LOCATION	(City, tawn, o	or county)		(Stat	le)
REMOVAL (Specify)	pment 12-16	5-58	Calwary Ce	meterv		Mon	ntgom	ery Co	untv.	Per		
23. FUN RANDIBERTO		Total	ADDRESSAT11			. REC'D BY R		-				7 - 62 20 0
	Funeral Hom	ne Uk	45 Wilson									
TYOTBOTALD	T CATCH OF HOU	- , 0	A. A.TTROT		DA	TE and 1	Ω '58	- Co	Thung S.	7600	M/dr	

funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retaineby the hospital ar attending physicion.

O FUNERAL DY ATOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shut the registror prior to burial, crematian, or removal, and in ony event within 72 hours after death. TO HOSPITAL OR, may be retain TO FUNERAL D VS A15 (4) 15M 10/S7

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14003 CERTIFICATE OF DEATH

13979 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	gomery		MARYLA	o. STATE	aryla	re deceased live	d. If institution b. COUNTY		gome i	
	If autside corporate limit	ts, write c.	LENGTH OF STAY IN			tside corporate I	mits, write RU			
RURAL ond give n	earest lawn)									,
	IESCA TAL (If not in hospital, g		0.O.A.	d. STREET	ensin	gton			16.00	SIDENCE
OR INSTITUTION			ressj						ON	FARM?
Subu	rban Hosp	ltal		1	1002	Stillwa	ater A	venue	YES	NO 🔯
3. NAME OF DECEASED	Fire	st	Middle	t	ost	4. DATE	Monti	h	Day	Year
(Type or print)	REGI	INA	ANNE	MAR	ON	DEATH	Dece	ember	3	19 58
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	тн	9. A	GE (In years st birthday)	IF UNDER 1Y		
Female	White	WIDOWED [DIVORCED [Novemb	er 11	. 1980	28 yrs.	Months 22	ys Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work of	done 10b. KIN	D OF BUSINESS OR I)	12. CITIZEN	OF WHAT	COUNTRY
Homemake	king life, even if retired)		Own home	T.M	aryla	n d		U	C	
13. FATHER'S NAME	.1		OWII HOME		S MAIDEN N			U	<u>o</u> .	
05	A II									
	er A. Hamm		CIAL SECURITY NO.	17. INFORMANT	ose R	edman	Addre			
	(If yes, give war or dates of se		one							
NO		146	ne	Joseph	0 Mar	on-husl	pand-s	ame a	s 2d	
18. CAUSE OF DE	ATH [Enter only one co	use per line f	or (o), (b), and (c).]				and the second		NTERVAL BE	
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bila	teral co	nfluent	brone	honneur	nonis			Durs
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gave rise to i	mmediate	-	CHEODION	CHILLS					24 h	Juis
couse (o), stoting lying cause lost.										
	HER SIGNIFICANT CON		ITRIBUTING TO DEATH	BUT NOT BELATED T	O THE TERMIN	AL DISEASE CO.	UDITION CIVE		120 14/46	AUTORCY
PARI II. UII	HER SIGNIFICANT CON	DITIONS CON	AIRIBUTING TO DEATH	BUT NOT KEDATED I	O THE TERMIN	IAL DISEASE CO	ADITION GIVE	N IN PAKE I	PERFC	DRMED?
PART II. OTI	Residuals								YES	№ □
OR CONTRIBUTING	AS UNDERLYING	20b. DESCRIE	BE HOW INJURY OCC	URRED. (Enter nature	of injury in Pe	ort I or Part II of	item (B.)			
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)									
	RY Month, Doy, Yeo			e. PLACE OF INJURY foctory, street, offi	(Home, form.		12.39	(Cour	nty)	(State)
3 20c. TIME OF INJUS		or 20d. INJU While	RY OCCURRED 20	e. PLACE OF INJURY	(Home, form.		12.39	(Cour	nly)	(State)
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yeo	ar 20d. INJU While at work	Not while of work	e. PLACE OF INJURY	(Home, form.		own)	3		
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yeo	ar 20d. INJU While at work	RY OCCURRED 20 Not while of work from NOV	e. PLACE OF INJURY foctory, street, offi	(Home, form, ce bldg., etc.)	20f. (City or to	own) 	,that I last	saw the	decease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify	RY Month, Doy, Yeo	or 20d. INJU While of work	RY OCCURRED 20 Not while of work from NOV	e. PLACE OF INJURY	(Home, form, ce bldg., etc.)	20f. (City or to	., 19./S. e causes ai	that I last	saw the	decease
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20c. TIME OF INJUE Hour o. m. p. m. 21. I certify the alive an	not 1 attended the CEMBER	or 20d. INJU While of work Conno	Not white of work from Nov.	e. PLACE OF INJURY foctory, street, offine the accurred a M.D. 960	(Home, form, ce bldg., etc.) 1.19 Dt 4.130 A	M, fram the	e causes al	That I last nd an the tote) Rd. B	saw the date stat	decease ed abave ATE SIGNE 3, 91
20c. TIME OF INJUR Haur o. m. p. m. 21. I certify the olive an Actual SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify)	nat I attended the EMBER	deceased Connc	from Not while of work of the decision of work of the decision	e. PLACE OF INJURY foctory, street, offine the accurred a M.D. 960 RY OR CREMATORY	(Home, form, ce bldg., etc.) 1.19 Dt 4.130 A	M, fram the	e causes all city or lown, s	nd an the total Rd. B	saw the date state per per per per per per per per per pe	decease ed abave ATE SIGNE 3, 91
20c. TIME OF INJUE Hour o.m. p. m. 21. I certify the alive an	not I attended the CMSER	deceased Connc	from Not while of work of the decision of work of the decision	e. PLACE OF INJURY foctory, street, offine the accurred a M.D. 960	(Home, form, ce bldg., etc.)	M, fram the	e causes al city or lown, s	nd an the total Rd. B	saw the date state of the period of the state of the stat	decease ed abave ATE SIGNE 3, 91

may be retain by the hospital or attending physician.

O FUNERAL LACTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stould be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR TO FUNERAL D

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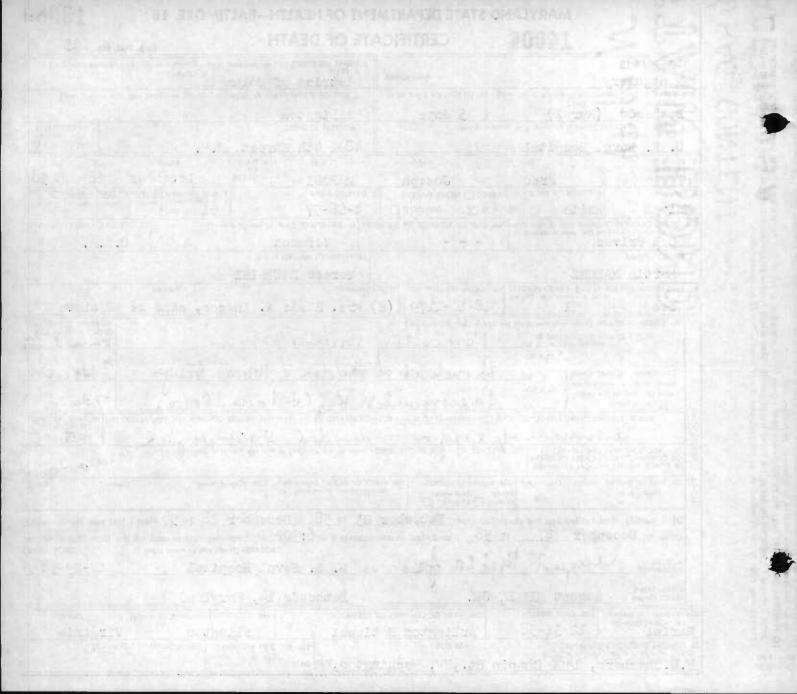
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14004

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH o. COUNTY Montgomer	v		MARYLAND	2. USUAL RESIDENCE (o. STATE District (b. COUNTY	on: Residence	e before admi	ssion)
	f outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (URAL ond gi	ive nearest lov	vn)
Bethesda	(Rural)		5 days	Washington	2		47x.	.3	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	give street	oddress)	d. STREET ADDRESS	,			e. IS RE	SIDENCE A FARM?
	al Hospital			4801 4th 8	Street.	N.W.			NO 🔯
3. NAME OF DECEASED	Fir		Middle	Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	Fred	1	Joseph	MARONI	OF DEATH	Dece	mber	28	19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthdoy)		YEAR IF UND	DER 24 HRS.
Male	White	WIDOW	ED DIVORCED	4-26-97		61 yrs.	Months	Days Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIG	ate or foreign o	country)	12. CITI	ZEN OF WHA	T COUNTRY
Cab drive		'		Vermon	at		U	.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME				
Martin M	ARONI			Teresa BA	ATTAINI				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	NFORMANT		Addr	ess		
Yes	WWI	0	18-10-2179 (S) Mrs. Elsie	A. In	scoe, sam	e as	#2 abov	re
		use per lij	ne for (o), (b), and (c).]	7 13				INTERVAL B	
FARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Kesperator	tailine				mm	dest
492x	DUE TO	1	2 4 1 2		- 10	04		211	
Conditions, if or		, ŧ	Frenchial Of	shuden a	= Ihua	us Thung	2	to	urs.
couse (o), stating lying cause lost.		. (Precommit	Ruld	Lorus	- lela		700	3
	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEAS	E CONDITION GIV	FN IN PART	1(a) 10 W/AS	ATOPSY
E Ca	comisma	- 2/	laryon -	resected	Syea	usago		PERF	ORMED?
5 (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW JUNRY OCCURRE	D. (Enter nature of injury	in Part Far Par	t II of item 1	In	acheos	Horas
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea	20d. It While of wor	_ Not while _ for	ACE OF INJURY (Home, foctory, street, office bldg.,	etc.)	y or town)	(Co	ounty)	(State
21. I certify th	at I attended the	decease	ed from December	23, 19 58, to I	ecembe:	28, 19 58	that I la	ast saw the	decenses
alive on Dece			58, and that death						
1		11	1			freet, city or town,			ATE SIGNED
ACTUAL SIGNATURE	Migus	Mi	all of	M.D. U. S. Na	val Ho	spital		12-29	9-58
PHYSICIAN'S									
NAME (Type)	August MIA	ALE,	JR.	Bethesda	14, M	aryland			
220. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREO	F	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town, o	r county)	(Sta	ite)
Burial	12-31-58	3	Arlington Na	tional	Arl:	ington	1	/irgini	a
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	24a. RE	EC'D BY REGIST		TRAR'S SIGN		
W. Chamber		apin	St., NW. Washi	ngton, DC DATE	DEC 3 U	50	24,	,	



1200 CERTIFICATE OF DEATH

Reg. Dist. I

13981

	17300				Kag.	DIST. 140.	
1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (Who		b. COUNTY		
	tgomery		Mary.			lontgom	
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, write	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF or	utside corporate lin	nits, write RURAL on	d give nearest	town)
	hesda	15 hours	'Kensington				
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS			e, 1	RESIDENCE
OK III STITOTION	Suburban Hos	pital	3406 Ferndal	Street			S NO
3. NAME OF	First	Middle	Lost	4. DATE	Month	Day	Yeor
(Type or print)	Frank	Herbert	Martin	OF DEATH D	ecember	20	19 58
. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IP UND birthdoy) Month	ER 1 YEAR IF	UNDER 24 HRS
Male	White wow		April 25, 189		birthdoy) Month	s Days H	ours Min.
						CITIZEN OF V	VHAT COUNTR
	ON (Give kind of work done 10b. king life, even if retired)			or roreign country;			
	Patrolman, Wash	<u>ington Termina</u>	1			U.S.	A .
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
	1 / / V CO h	Duvall	Cla -	Dwye	_		
5. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	/	Address 3 4		rndale
no		118-14-990	iby F. Mari	Tin	Ke	nsina	Ton M
18. CAUSE OF DEA	ATH [Enter only one cause per li	ne for (a), (b), and (c).]				INTERV	AL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:	Pulmonary	Edema			ONSET	AND DEATH
1131111	DUE TO	910000	7 000.10	,			
7-54.7		Right 1	tout C.	1		1	0
Conditions, if a	mmediate	right 1	July Jali	ure		-	Shr
couse (o), stoting	the under-		/.			h	nonth
lying couse lost.	(c)	or puin	ronuic	NAME OF THE PARTY	CITION COVENIA		70-77
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN P	P	ERFORMED?
<u> </u>	Emph		severe			YE	S NO
OR CONTRIBUTING	CAUSE OF DEATH	ÉRIBE HOW INJURY/OCCURRI	D. (Enter noture of injury in P	Port I or Port II of	item 18.)		
	MEDICAL EXAMINER)						
20c. TIME OF INJUI Hour o. m.	RY Month, Day, Year 20d. I While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		wn)	(County)	(Stote
p. m.	19 of wor						
21. I certify t	hat I attended the deceas	sed from 195	3 , 19 , to \$	ec 20	19 Sethat	I last saw	the deceas
alive an	100.19 10		occurred at /100/				
dilve dil	. 1	DED, , and man dean			city or town, state)	i inc agic	DATE SIGN
ACTUAL (Hanna Sha	who was			Ave., Kens	ington	. Md.
SIGNATURE	dente and	you mo	.M.D.				12/20/
	EORGE SHARPE	•					
NAME (Type)							
ZZo. BURIAL, CREMATIC BEMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF LINCOLN	The state of the s		CEO COLL		(Stote)
BURLAL	12/23/58	TI. BINCOLN			GEO. COUN		•
23 FUNERAL DIRECTOR	ESSIGNATURE INC.	SILVER SPRIN	G, MD. 240. REC'S	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
Municipa	11/3/1/8/0-		DATE DI	00 4 150	0.11.0	8 H	

funeral director, ould be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page-4 may be retained by the haspital or attending physician.

TO FUNERAL D. LTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 1SM 9/SS

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THE SHAPE STATESHIPS			Tool , a service at the

MARYLAND STATE DEPARTMENT OF HALTH-BALTIMORE, 18

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14006 CERTIFICATE OF DEATH

	CERTITION	AIL OI DLAIII	Reg. Di	st. No.
1. PLACE OF DEATH 6. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE West Virginia	ed lived. If institution: Residen b. COUNTY	ice before admission)
 b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) 		c. CITY OR TOWN (If outside corp	porote limits, write RURAL and	give nearest town)
Bethesda	72 days	Worth	85x	3
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION The Clinical Center.	Bethesda 14. Md.	d. STREET ADDRESS (No street add	iress)	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) William	Middle (None)	Lost 4. DATE OF DEATH	Month December	2, Yeor 1958
male negro w	IDOWED DIVORCED	B. DATE OF BIRTH January 14, 1939	19 birthdoy) Months	TYEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign	country) 12. CIT	IZEN OF WHAT COUNTRY
Instrumentalist	Unascertainable	West Virgin	La T	J. S. A.
I3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Nathaniel Martin		Daisy Heski	15	
15. WAS DECEASED EVER IN U. S. ARMED FORCE: (Yes, no, or unknown) (If yes, give wor or dotes of service)		NFORMANT The Medical The Clinical Co	Record Address	a lh. Marylar
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line for (o), (b), ond (c).] Aortic Insuffic	ciency		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO DUE TO (b) DUE TO (c)	Rheumatic Hear	t Disease		15 yrs.
CAT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAR	T I(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	6. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Po	ort II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.	20d. INJURY OCCURRED 20e. PL/ While Not while of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	ty or town) (C	County) (State)
21. I certify that I attended the dealive an December 2 ACTUAL SIGNATURE CARRELE PHYSICIAN'S NAME (Type) Edgar Hab	(for the deceter)	accurred at 8:24A M, fro ADDRESS (The Clinical	m the causes and on the street, city or town, stote) 1 Center stitutes of He	12-2-58
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/3/58	22c. NAME OF CEMETERY O		ATION (City, town, or county) stone, West V	(Stote) Virginia
23. FUNERAL DIRECTOR'S SIGNATURE Robert G. McGuire	18209th St., N	240. REC'D BY REGIS	STRAR 24b. REGISTRAR'S SIG	

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Mariana in the limit to the and a second and			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14007

CERTIFICATE OF DEATH

		-		Reg. Di	ist. No.
1. PLACE OF DEATH	tgomery	MARYLAND	II O. SIAIL	here deceased lived. If institution: Resider b. COUNTY Monts	nce before admission)
b. CITY OR TOWN ((If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURAL and	give nearest town)
	Spring. Md.		56 Silv	er Spring	
	TAL (If not in hospital, give str		d. STREET ADDRESS		e. IS RESIDENCE
	Gerdens Nur		1024 Univer	esity Blvd. East	ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	first Isam	Middle	Mason	4. DATE Month OF DEATH December	Doy Yeor 10 19 58
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS.
Male	Caucasianwid	OWED NE DIVORCED	December 14.	1002 10 11.	Days Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY
Salesman	rking life, even if retired)	Automobile	Franklin (County, Va. U.	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Henry Mas	son		Charity C	Cooper	
	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes, no, or unknown) NO	(If yes, give war or dates of service)	578 01 4559 La	wrence B. Mas	son, (same as #2)	
18. CAUSE OF DE	ATH [Enter only one cause po				INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: AMMEDIATE CAUSE (o)	cute Heart Fa	ilure		ONSET AND DEATH
14201		rteriosclerot	ic Coronary	Artery Disease	
Conditions, if a		ossible Coror			
gove rise to i	immediate (OBBIDIO OCIOI	at y ocozab.	1011	
lying couse lost.	ine under-				
		NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY
Chron	nic Pyeloner	hritis			PERFORMED?
20a. ACCIDENT W		DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	TES [] NO []
		d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	Last (C)	
Y 20c. TIME OF INJUI Hour o. n. p. m.	wi wi	hile Not while for	ctory, street, office bldg., etc	(c) (City or fown)	County) (State)
21. I certify th	not I attended the dece	eased from Oct 13	19 58 to 1	Dec 10 1958 that I	lost sow the deceosed
alive on Dec			occurred at 10:13	M, from the causes and on t	he data stated above
	1111	11/1		ADDRESS (Street, city or town, stote)	DATE SIGNED
ACTUAL SIGNATURE	o bench d.	Antaclean		Concord Street	Dec 10-5
A Survey of the Late	1 1 0 01	1 1 1 1	Y7	4	
NAME (Type)	obert T. Th	Ibadeau, M.D.		gton, Maryland	
220. BURIAL, CREMATIC REMOVAL (Specify)	N. 226 DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS 2 5-4	CARRO 1/ 240. REC'	D BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE
TAKOMA	FUNERAL A	tome Str	CARCOLL	on 1 5 '58 anthon 8	11
	1000011/		70.00, 5.41	CARLAND B.	/ VVIANOS

114. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	HE OF DEATH	ADHITHED T	
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	deals 2000 1 Sthe		
		Smooth fill carrie	
	Alle Salte been too		
- Marie Barrie Barrie			
			William Sales of Art A
			Number of a street of the latest of

TO DEPUTY MECICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If execute the ficate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 the should be proveded to the Chief Medical Examiner's Office olong with farm PM3. Page 5 may TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with an its designated agent, priar to burial, cremation, or remayal, and in any event within 72 hours

				4	P	
HE	O	R	ST H	A1 DE	E	
any delay is necessary, please to the funeral actor. Page	y be retained your files.	th the Store Boord of Health,	after death.	NI .	9	

VS. A15ME 5M 2/S7

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1 10

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ALOGO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

73000				Reg. Dist. No.
I. PLACE OF DEATH	2.	USUAL RESIDENCE (Whe	ore deceased lived. If institut	ion: Residence before admission)
o. COUNTY ments mens	MARYLAND	o. STATE	b. COUNTY	m en to
	F STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write	RURAL and give gearest town)
and give nearest town)	nA I	lle st	2 2	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stree	et oddress)	d. STREET ADDRESS	and the same	e. IS RESIDENCE
Suburban Horp	/	R-	7.2.43	YES NO
3. NAME OF DECRASED (Type or print) Care form Wilhouse D.	iddle mcca	Lost 4.	DATE Month OF DEATH	Doy Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DAT	TE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS.
i to here	ORCED 8	1-30-88	To yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired)	ESS OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter Buildi	ng	mel		1. S. C.
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NA	ME	
Wesley Mc Crossen		Gumie y	Kelly	
15. WAS DECEASED EVER N U. S. ARMED FORCES? 16. SOCIALSECUR	ITY NO. 17. INFOR	RMANT R.	Address	1 -
No Unknow	n Her	une MeC	rossur (wif	a) Ilem 2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), onc	J (c).]	•		INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	my ac	clusion		sudden
DUE TO	1			
Conditions, if ony, which) (b)	U			
gave rise to immediate cause (a), stating the underlying DUE TO				
cause last. (c)				
	O DEATH BUT NOT	RELATED TO THE TERMINA	ALDISEASE CONDITION GIVE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	hemr -	Elterlor		PERFORMED? YES NO
TO EVERNAL CAUSE WAS INC. DESCRIPE HOW INHIBITY		The state of the s	or Part II of item 18.)	
PRIMARY GO CONTRIBUTING COURSE HOW INJURY				
3 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCUR	RED 20e. PLACE O	F INJURY (Home, form,	20f. (City or town)	(County) (Stole)
20c. TIME OF INJURY Month, Doy, Yeor While Not whi of work of work of work	110	street, office bldg., etc.)		
21. I certify that I taok charge of the remains des	scribed abave,	held an Autopsy	. Inspection .	Inquiry , and in my
opinian death resulted fram: Natural causes 🔀.				mined manner
SIGNATURE French D. Brockha	it M.	D. CHIEF MEDICAL EXAM	AINER 🔲	DATE SIGNED
		ASSISTANT MEDICAL	EXAMINER -	
NAME (Type) FLANK J. Brosch	214	DEPUTY MEDICAL EXA	AMINER 2 /2	- 6-58
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF	CEMETERY OR CRE	MATORY 2	2d. LOCATION (City, fown, or	caunty) (State)
Burial 12/10/58 Darne	stown Ch	nurch	Darnestown.	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			Y REGISTRAR 246. REGIST	TRAR'S SIGNATURE
Robert A. Pumphrey Bethesd	a, Maryl	Land DATEC 1	1 0 '58 Chi	M/ S. Malls

HIATE OF STADING IN STREET, OF DEATH , SERVICE CHESTAL SERVICES FOR SERVICES AND ADMINISTRATION OF THE SERVICES.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

e funeral director,

Poges 1 and

D FUNERAL CLOR: After this certificate has been signed by the ottending physician and coppetately filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after debiting.

by the hospital or ottending physicion.

TO HOSPITAL OR TO FUNERAL

VS A15 (4) 15M 9/5S

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

M	14009	CERTIFIC	ATE OF DEATH	Reg. Di	ist. No.
1. PI o.	ACE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	b. COUNTY Mont	nce before admission)
b.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16		itside corporate limits, write RURAL and ilver Spring	give nearest town)
74	NAME OF HOSPITAL (If not in hospital, give street or institution Suburban Hospital		d. STREET ADDRESS 4312 Mahan R	oad	e. IS RESIDENCE ON A FARM? YES NO 🔼
D	AME OF First ECEASED Joyce Joyce	Middle Helen	los: McIntyre	4. DATE Month OF DEATH December	Day Yeor 9 19 58
5. SE	6. COLOR OR RACE 7. MARI Female White WIDOW		B. DATE OF BIRTH March 10, 191	9. AGE (In years IF UNDER lost birthday) 43 yrs.	Days Hours Min.
	11 Official Col	KIND OF BUSINESS OR INDU VN home	ENG	ILAND	TIZEN OF WHAT COUNTRY?
Wm	- 1011 14 11 11 0 1		14. MOTHER'S MAIDEN N	RtRude MALL	Lett
	no, or unknown) (If yes, give wor or dates of service)		ospital Record	Address	
	gove rise to immediate Couse (a), stating the under-	ne for (o), (b), ond (c).], Metastatic Parcinoma	Carcinom of breas	a t	INTERVAL BETWEEN ONSET AND DEATH un delemen 2 years
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS				RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in P	orf I or Porf II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of wo	Not while fo	LACE OF INJURY (Home, form, portory, street, office bldg., etc.)		County) (State)
	21. I certify that I attended the decear alive an Jec. 9 , 19 ACTUAL SIGNATURE JOHN H. TUOHY	-474	h accurred at 3,45A	Dec. 9, 1958, that I M, from the causes and on the Courses (Street, city or town, stote) NISCONSIN AVE THESDA 14, MD	DATE SIGNED
	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/11/58	22c. NAME OF CEMETERY OF ARLINGTON NA	OR CREMATORY T*L. CEMETERY	22d. LOCATION (City, town, or county) ARLINGTON, VIRGI	NIA (Stote)
23.5	UNERAL DIRECTOR'S SIGNATURE EY, INC.	SPEEVER SPRI	NG, MD. 240. REC'D	BY REGISTRAR 246. REGISTRAR'S SI	

SHAP SA	HTASO RO STA			
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			King solventor so	
		Service Control of the last		
				which out it
policy and			4 - 1	Common A (Common Annie A

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funeral director,	should be filed with	(7
After this certificate has been signed by the attending physician and campletely filled in by	ed for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shuuld be filled with	ial, crematian, or removal, and in any event within 72 haurs after death.	
After this cert	ed for use as	ial, crematian	

TENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4

hospital ar attending physician.

			XUL						Keg. D	ist. No	•	
1, PLACE o. COU		ontgomery		MARY	7.76	o. STATE Maryle		d lived. If instituti b. COUNTY		nce befo		sion)
b. CITY	OR TOWN (III	outside corporate lim orest town) nersburg	its, write	c. LENGTH OF STAY 2 year		c. CITY OR TOWN (IF C			URAL ond	give nec	arest town	n)
d. NAA OR I	AE OF HOSPITA	AL (If not in hospital,	give street	oddress)	/	d. STREET ADDRESS						FARM?
3. NAME DECEA: (Type o	SED	Maurice	rst J	rancis McL	oughli	Lost	4. DATE OF DEATH	Dec.	16	Do	1958	Year 19
5. SEX Male		6. COLOR OR RACE White	WIDOWI		0 0	ATE OF BIRTH		9. AGE (In years lost birthday) 86 yrs.	Months	R I YEAR Days	Hours	Min.
during	etired	N (Give kind of work ing life, even if retired	1)	RIND OF BUSINESS O Printing		11. BIRTHPLACE (Stole Sturgis	, Mich		12. CI		S.A.	COUNTRY?
13. FATHE	R'S NAME				1	4. MOTHER'S MAIDEN I	NAME					
1	Willia	m McLoughl	in			Caroly	n McLo	ughlin				
15. WAS D (Yes, no. or NO	unknown) [R IN U. S. ARMED FO		SOCIAL SECURITY NO		rmant rs. Kenneth	D. Mi	ller RAD		ai tl	_	ourg,
Con gove couse lying	PART I. DEA' ditions, if or e rise to in e (o), stoting to g cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Ty, which one diote the under- ()	o) O	le for (o), (b), and (c). Level of tenosed assential	hyp	interson	9-			one de la constant de	S mi	DEATH MILES
CERTIFICATION CERTIFICATION	176					T RELATED TO THE TERM			EN IN PA	RT 1(o) 1	PERFC	AUTOPSY PRMED?
	ONTRIBUTING THER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		NONE		nter nature of injury in						
0	ME OF INJURY Hour o. m. p. m.	/ Month, Day, Ye	or 20d, If While of work	Not white of work	20e. PLACE factory	OF INJURY (Home, form, street, office bldg., etc	n, i 20f. (Cit)	y or town)		(County)		(State)
alive ACTU SIGNA	an0	typen (7 (ed from Sept. and that romuel muell, M.		curred at 92	PM, from	treet, city or town,	and an i		te state	
220. BURIA	AL, CREMATION OVAL (Specify))F	22c. NAME OF CEME				TION (City, town,			(Stot	e)
	AL DIRECTOR'S		1	Gate of ADDRESS	neave	240. REC*	D BY REGIST	TRAR 246. REGI	Mont	GNATUI	te, Mo	i.

316 E. Diamond Ave.

Gaithersburg, Md.

the registrar prior TO FUNERAL DIV page 3 should b VS A15 (4) 15M 10/57

23. EUNEMI DIRECTOR'S SIGNATURE

		ALYRED LES	
ATE OF DEATH	DESTRICT OF		
		flores in S	

FOR STATE HEALTH DEPT.

and state of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessarily a second in the form of the f

Q = 2 Q Vs. A15ME 5M 2/57 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14011 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13987 Reg. Dist. No.

	Nog. Division
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY MARYLAND	o. STATE b. COUNTY Man to
b. CITY OR TOWN III outside coporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
and give parest fown)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	1 3 Missala
6705 Brigadvon	6. IS RESIDENCE ON A FARM? VES 1 NO 1
3. NAME OF First Middle	Lost 4. DATE / Month Day Year
(Type or print) Grand Mi	licka DEATH 12-25 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE In years IF UNDER 14EAR IF UNDER 24 HRS.
truel White WIDOWED DIVORCED	2-18-92 Months Days Hours Min.
On USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
during man of working life, even if retired)	1 2 . 0100
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	14. MOTHER 3 MAIDEN NAME
Unknown Jonelunas	1 Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) Ill yes, give wor or dotes of service)	INFORMANT Address
No 291-01-5130/	dele Kelles (dansta) the 2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL DETWELN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
1420/ IMMEDIATE CAUSE (a) Conary of	dutin /2 hrs
DUE TO	
Conditions, if any, which gave rise to immediate cause	
(a), stating the underlying DUE TO	
couse last. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO IN
200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INTURY OCCUPAND	Enter nature of injury in Port I or Parl II of item 18.)
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PU While Not while fac of work of work	CE OF INJURY (Home, farm, 120f. (Cily or town) (County) (State)
Haur a. m. While Not while fac	lary, street, affice bldg., etc.)
21. I certify that I took charge of the remains described abo	ove, held an Autopsy [], Inspection [X], Inquiry [X], and in my
opinion death resulted from: Natural causes X, Accident	, Suicide, Hamicide, Undetermined manner
SIGNATURE Trans & Bross hour	M.D. CHIEF MEDICAL EXAMINER []
South of the state	ASSISTANT MEDICAL EVAMINER T
EXAMINER'S FLANK J. Broschant	DEPUTY MEDICAL EXAMINER \$ 12-25-58
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, lown, or county) (Slote)
Burial 12/25/58 Parklawn	Cemetery Rockville, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Pohont A Dumphmar Rothoods Mary	DEC 3 0 '59
Robert A. Pumphrey Bethesda, Mary	Y TAILU DATE

Torono no				
		SIAMAXI JANIQ		
		2 100 100 100 100 100 100 100 100 100 10		
WHICH STILL				
			ALCOHOLD DESCRIPTION	
			LANG STE	
	ALL VENNE			
			WINDS AND AND ADDRESS.	

3988 **CERTIFICATE OF DEATH** 14012 Reg. Dist. No director, iiled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Vyhere deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY wan Mens MARYLAND acmou b. CITY OR TOWN HI outside exporte limits, write RURAL and sin protest town erol c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate limits, write RURAL and give horest lown) e alous d. NAME OF HOSPITAL (If not in hespital, give states oddress d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? wedrogen wiso YES NO .5 4. DATE NAME OF Middle Yeor DECEASED OF HARR (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF FIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys DIVORCED T WIDOWED TO 100. USUAL OCCUPATION (Gira kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHRUACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? luglow bour ond MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17 INFORMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 5 SWON 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: day IMMEDIATE CAUSE (o) DUE TO þ Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underarran lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO W 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury to Rart I or Port II of item IB. 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work _____, 1958, that I last saw the deceased Maes 21. I certify that I attended the deceased fram PM, from the causes and on the date stated above. alive an Dec and that death occurred at A OR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 5 30 should registrar PHYSICIAN'S ROBERT COALE NAME (Type) m 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 12/6/58 Oak Hill Cemt. Washington, D. C. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Washington, D. C. a.T' .. ? Trans DATE DEC 8 '58 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death. death certificate that

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				5 gilling 201 21/7
	THE WATER			
The second secon				
		navas The interpretor		

MARYLAND STATE DEPARTMENT OF HEALTH-BACKINGORF, I.B.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13881 CERTIFICATE OF DEATH Reg. Dist. No filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Montgomery eral b. CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pegrest tawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6 06 SId YES NO D arium arnina NAME OF DECEASED First Middle DATE Month December (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months: Days WIDOWED [DIVORCED T 0 yes. 10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stpte or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) u.s. a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OV Sha hour 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address ending 2 0 0 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH á PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO SCLEROSIS permit. any Canditians, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 8 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m While Not while at work at work p. m. 21. I certify that I attended the deceased from [1] 195 S. that I last saw the deceased M. from the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL shaul PHYSICIAN'S NAME (Type) 3 22a. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) pode REMOVAL (Specify) Alexandria Cemetery Alexandria. Ken tucky 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE StooN. W. DATEDEC Co.

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15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No.

e IS RESIDENCE

ON A FARM?

YES NO NO

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12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

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VS A15 (4) 15M 10/57

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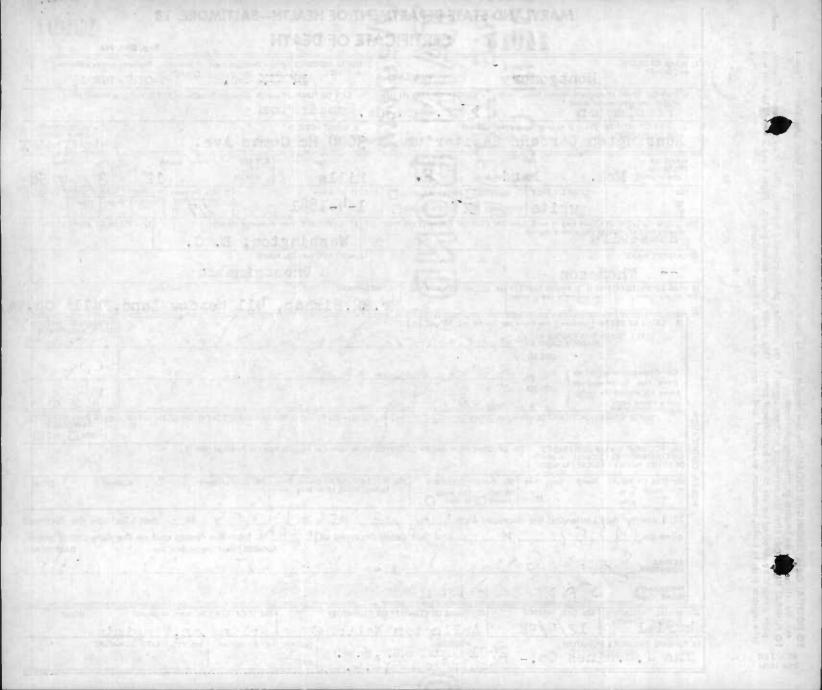
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12016 CERTIFICATE OF DEATH

	220	TI				Reg	. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Montgome	ry	MARYLAND	2. USUAL RESIDENCE (Who, STATE	ere deceased lived.	If institution: Rep. COUNTY MO	sidence before ad ntgomer	mission)
b. CITY OR TOWN (RURAL and give in Kensing			of stay in 16	Kensingto	utside corporate lin			
d. NAME OF HOSPI Kensing	TAL (If not in hospital, give ton Gardens	street oddréss) S Sanita	arium	d. STREET ADDRESS	omas Ave		OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print) M	First		Middle	Mills	4. DATE OF DEATH	Month 12	Doy 3	Yeor 19 58
5. SEX	6. COLOR OR RACE 7.		PER MARRIED DIVORCED	8. DATE OF BIRTH 1-4-1881	9. AGI	lf Un years birthdoy) 77 yrs.	ths Days Hou	
Housewi	rking life even if retired)	ne 10b. KIND OF B	USINESS OR INDU	STRY 11. BIRTHPLACE (Slole Washing		C. 12	CITIZEN OF WE	HAT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN N				
The	ompson		270	Unob	tainabl	е		•
15. WAS DECEASED EVI (Yes, no. or unknown)	ER IN U. S. ARMED FORCE: (If yes, give wor or dates of service			.ER.Bishop,	411 Me	Address adow La	ne,Fal	ls Ch.V
Conditions, if a gove rise to it couse (o), stoting lying couse tost.	the <u>under</u> DUE TO	Jen.	of ave	riarle	Deri	13.7	Ty.	ND DEATH
CATI				NOT RELATED TO THE TERMI			PEI	AS AUTOPSY REORMED?
OR CONTRIBUTING	MEDICAL EXAMINER)							
Y 20c. TIME OF INJUING Hour o. m. p. m.		20d. INJURY OCCI While Not w of work of wor	hile to	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City or tow	n)	(County)	(Stote)
21. I certify it alive an 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	attended the de		and that death	n accurred at 15	M, from the ADDRESS (Street, ci	causes and a	t I last saw the three date st	
220. BURIAL, CREMATIC DUPIAL (Specify)	12/5/58		e of CEMETERY O	R CREMATORY National	22d. LOCATION (C	ity, town, or cou		Stote)
The S.H.		2901 1	4th St.	N.W. 240. REC'I	BY REGISTRAR 6 158	24b. REGISTRAR	S. Frank	



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	14	015	CERTIFIC	CATE OF DEA		LIIMOKE, I	Reg. Dis	t. No.	13	992
1. PLACE OF DEATH a. COUNTY	Montgomery		MARYLAN		CE (Where deced	sed lived. If instituti b. COUNTY	an: Residenc	e befare	odmissi Ty	on)
b. CITY OR TOWN RURAL and give Dickerso	(If outside corporate limi nearest town) N	ts, write	c. LENGTH OF STAY IN 1		'N (If outside corp	porote limits, write R	URAL and gi	ive near	est town)
d. NAME OF HOSP OR INSTITUTION	'ITAL (If not in haspital, ç I	ive street	oddress)	d. STREET ADDR	ESS			e		DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fii EDW		Middle KEEFER	MOBLEY	4. DATE OF DEAT			Doy		reor 1958
5. SEX Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED [ED DIVORCED [Managara	4,1880	9. AGE (In years deg birthday) yrs.	Manths	Doys	Hours	R 24 HRS. Min.
during most of we Retired	ION (Give kind of work prking life, even if retired Gaurd	dane 10b.	KIND OF BUSINESS OR IN		(Stote or foreign Maryland		12. CITI		WHAT	COUNTRY
13. FATHER'S NAME Jef	ferson Mobl	ey		14. MOTHER'S MA	Mattic	Funk				
15. WAS DECEASED EV (Yes, no. or unknown)	/ER IN U. S. ARMED FOR	ervice)	17-07-8297	7. INFORMANT Mr. George	W. Drone	Add enburg-Sam		Item	#2	
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which))	ne for (a), (b), and (c).] Mysca Casen	ardial ory se	Ung	farcte	erj		RVAL BE	
gave rise to cause (o), stating lying cause last	g the under-		arleri	roller	sus			3	12	are
ICATIC		DITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	ETERMINAL DISEA	ASE CONDITION GIV	'EN IN PART		PERFO	AUTOPSY RMED? NO
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature of inj	ury in Part I ar P	art II af item 18.)				
20c. TIME OF INJU Hour a. m. p. m.	10	While		PLACE OF INJURY (Hom- factory, street, affice bld	e, form, 20f. (C lg., etc.)	ity or town)	(C	aunty)		(State)
21. I certify alive an ACTUAL SIGNATURE	that I attended the	decease 195		, 19 ⁵ 7, to ath accurred at 8:	30A M, fro	30, 1952 am the causes of (Street, city or town,	and an th		e state	
PHYSICIAN'S NAME (Type)	Dr. Vernor				own, Mar					
Burial (Specify		,,		vet Cemetery		Frederick	,		(State	
23. FUNERAL DIRECTO		Fre	derick, Mary.	land	TE GRADE TO		STRAR'S SIG			



VS A15 (4) 15M 10/57

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The Clinical Center, Bethesda 14, Md. 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE Widdle Evert Molter M	est town) I. IS RESIDENCE ON A FARM? YES NO X Yeor 1958
RURAL and give necrest town) Bethesda d. NAME OF HOSPITAL (If not in hospital, give street oddress) or Institution The Clinical Center, Bethesda 14, Md. 3. NAME OF DECEASED (Type or print) Edward Evert Molter Molter Molter Molter Pearl (If years light birthday) Months Months Day Months Poss Months Poss Months Poss Months Months Days Months Days Months Days Molter Molter Molter Molter Molter Molter Molter Months Days Months Days Months Days Molter Molter Molter Molter Molter Molter Months Months Days Months Months Days Months Months Days Months	. IS RESIDENCE ON A FARM? YES NO TO YEOr 1958 IF UNDER 24 HRS.
Bethesda d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION The Clinical Center, Bethesda 11, Md. 3. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION The Clinical Center, Bethesda 11, Md. 59 Wakeman Avenue 4. DATE OF DEATH December 19 S. SEX 6. COLOR OR RACE Molter Month Day Of DEATH December Month December Molter Molter Molter Month Day Of DEATH December Month Day Of Month Day Month Month Day Month Month Day Month Month Day Month Day Month	Yes NO Veor 1958 If UNDER 24 HRS.
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION The Clinical Center, Bethesda 11, Md. 3. NAME OF DECEASED (Type or print) Edward Evert Molter Molter Month Day DEATH DECEMBER 9. AGE (In years 1914 birthday) Months Days Months Day Months Day NoteR MARRIED DIVORCED DIVORCED June 27, 1898 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Engineer Merchant Marine New York 14. DATE OF Month Day Month Month Day Month Day Month Mont	Yeor 1958 If UNDER 24 HRS.
The Clinical Center, Bethesda 11, Md. 3. NAME OF DECEASED (Type or print) Edward Evert Molter Molter Molter Month Becember 19 S. SEX 6. COLOR OR RACE White Widowed DIVORCED DIVORCED June 27, 1898 Month Possibirthdoy, Months Months Possibirthdoy Months Days Months Months Days Months Days Months Days Months Days Months Days Months Months Days Months Months Days Months Months Months Days Months Months Days Months Days Months Months Days Months Months Months Months Days Months Months Months Months Months Months Days Months Months Days Months Months Days Months Months Months Days Months Mont	Yes No
Color of Race Toward Evert Molter DEATH Becember 19	1958 IF UNDER 24 HRS.
(Type or print) Edward Evert Molter Beath Becember 19 S. SEX 6. COLOR OR RACE White Widowed Divorced Divorced June 27, 1898 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Engineer Merchant Marine New York 14. MOTHER'S NAME	IF UNDER 24 HRS.
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years light birthday) Months Days	IF UNDER 24 HRS.
male White WIDOWED DIVORCED June 27, 1898 60 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Marine Engineer Merchant Marine New York U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Engineer Merchant Marine New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Marine Engineer Merchant Marine New York U.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	WHAT COUNTR
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Α.
	*44.
William Richard Molter Adela Stockstill 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Recondaddress	
[Yes. no. or unknown] [If yes, give war or dates of service]	
	yland
A /	VAL BETWEEN
PART I. DEATH WAS CAUSED BY: RESPIRATORY FAILURE	SA DEATH
147X DUE TO	
Conditions, if ony, which) (b) METASTATIC CARCINOMA OF HYPOPHARYNX	9 MARAI
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lying cause lost.	
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	YES NO
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of w	(State)
p. m. 19 of work of work	
21. I certify that I attended the deceased from December 16, 1958, to December 19, 1958, that I last say	u the deces
alive on December 19 , 19 58 , and that death occurred at 10:00 PM, from the causes and an the date	w the decedse
ADDRESS (Street, city or town, stote)	stated abov
	0 - 58
SIGNATURE Demand (Members) The Clinical Center 12-2	
SIGNATURE THE CITIZENT THE CITIZENT GENTER 12-2 PHYSICIAN'S TRANSPORTER TO THE CITIZENT GENTER 12-2 National Enstitutes of Health	
PHYSICIAN'S T. BERNARD WEINSTEIN Bethesda 11, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Joyn, or county)	(State)
SIGNATURE PHYSICIAN'S T. BERNARD WEINSTEIN Bethesda 11. Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
SIGNATURE SIGNATURE THE CTINICAL CENTER National Institutes of Health NAME (Type) TREENARD WEINSTEIN Bethesda 11. Maryland 220. RAME OF CEMETERY OF CREMATORY 221. LOCATION (City, town, or county)	Jersey

er deoth. Poge 4 should be-filed with moy be retained by the hospital or attending physicion.

O FUNERAL D...CTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL OF moy be retail VS A1S (4) 1SM 10/S7

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MTARC TO STAOFTHEOUT OF DEATH

FOR STATE HEALTH DEPT.

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e should be executed within 24 hours after death. If any delay is necessary, please ing! in penal in Item 18. Give Pages 1, 2, and 3 ta the funeral ectar. Page xaminer's Office along will farm PM3. Page 5 may be retained your files, as a burial-transit permit. File pages 1 and 2 with the State Bootd of Health, at removal, and in any sevent within 72 hours ofter death.

TO DEPUTY MEDICAL EXAMINER: This certificate	4 should be worded to the Chief Medical Ex	TO FUNERAL DIRECTOR: Page 3 shauld be used
VS. 5M	A15	ME 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Item 3. Film G-237 12/19/58.c 14017 Reg. Dist. No.

13994

. 1		LACE OF DEATH		-		11	O MICHAL DECEMEN		4	1.44 1 14.1				
		. COUNTY					2. USUAL RESIDEN o. STATE	ACE IN	/here deceas			idence bel	tore admi	(noize
1		Mc	ontgomery		MARYLA	ND	O. STATE	ary	vland	b. COUNT		ontg	ome	770
)	Ь	. CITY OR TOWN (II and give negres) town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	16				porote limits, write				
		Darnes	stown - R	ural			X D	arı	nesto	wn - Ru	ral			
	d				ospitol, give street address)		/ d. STREET ADDR			NATA AND				ESIDENCE
I	F	R. F. D.	#3, Gait	hers	sburg,		R.uF. D	. #	#3. G	aithers	bur	g. · ·		A FARM?
	3. 1	NAME OF DECEASED	Fire	it .	Middle		Lost		4. DATE	Monti		Doy	Y	100
	-	Type or print)	MARS				EYMAKER		OF DEATH	Dece	mbe	r 11	. 1	958
	5. \$	EX	6. COLOR OR RACE	7. MAR	RIEDS NEVER MARRIED	8. 0	ATE OF BIRTH			9. AGE (In years fast birthday)	IFUND	ER TYEAR	IF UND	ER 24 HRS.
		lale	White	WIDOW	treat treat		May 4,	19	901	57 yrs.	Months 7	Doys 7	Hours	Min.
	10a	USUAL OCCUPATIO	N (Give kind of work	done 10b	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE	(Stote	or foreign c	ountry)	12. 0	ITIZEN O	F WHAT	COUNTRY?
		Plumber			Plumbing		Vir	ois	กร๋อ			US		
	13.	FATHER'S NAME			TTUMDING	11	4. MOTHER'S MAIL	-				UD	,	
		-	3.7											
		James	Moneyma	ker				kno	OWN					
H	ID.	no, or unknown)	R IN U. S. ARMED FO (If yes, give war or dates at	RCES? 10	6. SOCIAL SECURITY NO. 1	7. INF	DRMANT			Address				
		No			217-07-3415	I	sabel B	og.	lev-d	aughter	-sa	me a	s 2	d
		18. CAUSE OF DEATH	H [Enter only one cau	se per lin	e for (o), (b), and (c).							INTER	VAL BETWE	EN
		PART I. DEATH	WAS CAUSED BY:		Coronar	7 0	colusio	n					udd	
		11221		-	COLONAL		CCLUSIO	I.L				0	uaa	CIL
		420.1	DUE TO											
		Conditions, if an												
		(o), stoling the u												
		cause lost.) (c)											
	8	PART II, OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NO	RELATED TO THE	TERMI	NAL DISEASI	CONDITION GIV	EN IN P	ART 1(0) 1	P. WAS	AUTOPSY
)	3											,	PERFO	RMED?
	CERTIFICATION	20a. EXTERNAL CAUS	SE WAS 20	b. DESCR	IBE HOW INJURY OCCURRE	D. (Ente	r nature of injury i	in Port	I or Part II	of item 18.)				110 [2]
	- I	CAUSE OF DEATH.	IKIBOTING []											
	MEDICAL	20c. TIME OF INJURY	Y Month, Day, Yea			PLACE	OF INJURY (Home	, form,	20f. (City	or fown)	(0	County)		(Stote)
1	AE I	Hour o. m. p. m.	19	Wh	ile NoI while	raciory	, street, office bldg	j., eic.j						
			at I took charge		remains described o	hove	held on Au	tance		reaction E	Inni	iry K	-	al to
						_						- Second		d in my
		opinion death r	esulted fram:	vatural	causes X. Acciden	н 🔲	, Suicide [_], 1	lamicide	. Undete	rminec	manne	r L	
		ACTUAL 2	10	2	, -								DATE S	IGNED
		SIGNATURE THE	and for	12	Dehan	A	A.D. CHIEF MEDIC	CAL EX	AMINER [07.12.0	
4		EXAMINER'S	()				ASSISTANT M	MEDICA	L EXAMINE	RD /n	//	-57	/	
			rank J.	Bros	schart		DEPUTY MED	ICAL E	XAMINER E	9 /2	-//	00	3	
	220	BURIAL, CREMATION	1, 276. DATE THEREO		22c. NAME OF CEMETERY	OR CR	EMATORY	T	22d. LOCAT	ION (City, town, e	or county)	{State	1)
		REMOVAL (Specify) Burial	12/13/5	Ω	Poolwill		omoto		-		11		4	
	23	FUNERAL DIRECTOR'S	SIGNATURE	U	Rockville ADDRESS	= 0			ROCK BY REGISTI		Mar		d_	
										10 4 2 2 2		Trau		
	-	Robert A	Pumphr	ey	Bethesda, M	lar	yland DAI	IE) E(, 1 3 30	Con		. / 00000		

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funeral director, auld be filed with

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4

TO HOSPITAL OR TO FUNERAL D

VS A15 (4) 15M 9/55

D FUNERAL DATOR: After this certificate has been signed by the attending physicion and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 in the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

	30000					Reg. Dist.	No.	
OCCUMTY		MARYLAND	2. USUAL RESIL	PINE (Where decease	b. COUNTY	Acme		sion)
b. CITY OR TOWN	(If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR	OWN (If outside corp	orate limits, write R	URAL ond give	nearest tow	n)
d. NAME OF HOSPI OR INSTITUTION		oddress)	d. STREET A	Spring DDRESS J Blosso	m/ WAN	e	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Elizabet	h Hetch	Moreh	4. DATE OF DEATI	Mon 1 19	th	9	Year
5. SEX	6. COLOR OR RACE 7. MAR WIDOW	_	8. DATE OF BIRTI	-86	9. AGE (In years lost birthdoy) 7 yrs.	Months Do	AR IF UND	ER 24 HRS
during most of wor	ON (Give kind of work done 10b rking life, even if retired) OW	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (State or foreign	country)	12. CITIZE	OF WHAT	A.
Henry	H. Hibbins		SAR	Ah Plade	lock			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	social security no. 17.	Pts hos	o. Recor	Add	ress		
	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	. 7	uant of	arlera		C	NTERVAL BE	ETWEEN DEATH
Conditions, if c gove rise to couse (a), stoting lying couse lost.	the under-	arteus sel	levero	luone	I due	0200	50	cau
3		CONTRIBUTING TO DEATH BU		THE TERMINAL DISEA	2	EN IN PART I (c	PERFC	AUTOPSY DRMED?
CONTRIBUTING	AS UNDERLYING TO 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature o	f injury in Part I or Pa	ort II of item 18.)			
20c. TIME OF INJUING HOUR o.m., p. m.	RY Month, Day, Yeor 20d. While of wo	Not while	PLACE OF INJURY (I factory, street, office	Home, form, 20f. (Ci bldg., etc.)	ly or town)	(Coun	ily)	(Stote)
21. I certify the alive an	hat I attended the decear		th accurred at_	1301 M, fro	m the causes of Street, city or town,	and an the stole)	date state	decease ed abov ATE SIGN
PHYSICIAN'S NAME (Type)	VERONIK	A TRUO	5+	MD				
220. BURIAL, CREMATIC REMOVAL (Specify BURTAL	12/4/58	22c. NAME OF CEMETERY COLUMBIA GAR		TERY ARL	ATION (City, town, of INGTON, V	IRGINIA	(Stot	le)
23. EUNERAL DIRECTOR	PUMPHREY, INC.	ADDRESS SILVER SPR	ING, MD.	24a. REC'D BY REGIS		TRAR'S SIGNA	p*	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13883 CERTIFICATE OF DEATH

13996

20000	Keg. Dis	r. No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE b. COUNTY b. COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
TAKOMA TARK 3 Ru 12	565: liver Spring	
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Washington San. + Hosp.	10014 Sutherland Kd	YES NO
3. NAME OF DECEASED (Type or print) Edward Aleysius	Murphy 4. DATE Month OF DEC.	Doy Yeor 4 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED DIVORCED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUS	STRY 1. BIRTHPLACE (State or fareign country) 12. CITI	ZEN OF WHAT COUNTRY?
during most of working life, even if retired) (OWNER (heleio Exectings)	Washington, D. C.	MERICH
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Murphy	MARY Cosgrove	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If (Yes. no. or unknown) (If yes, give wor or dates of service) 5777-10-3985	NFORMANT Address	
18. CAUSE OF DEATH [Enter only one course per line, for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), slating the under-lying cause lost. (c)	Right Leing -	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUSRED to the focus of work 19 at wor	ACE OF INJURY (Home, form, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (State)
21. I certify that I attended the deceased frame and the death actual signature from the signature signature.	23	ast saw the deceased the date stated above. DATE SIGNED
PHYSICIAN'S KENNETH . LAUGHLIN	p to p to p	
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CEDAR HILL CE		(Stote)
Raymand a haska SILVER SPRING,	MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	

2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retain by the haspital ar attending physician.

TO FUNERAL DECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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		Alloga Larry III	AND DESCRIPTION OF STREET

VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14018 CERTIFICATE OF DEATH

13997

	10	Reg. Dist. No.
o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Georges
b. CITY OR TOWN (If outside corporate limits, we RURAL and Give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Defense Heights, Hyattsville P.O. /6 X = 2
d. NAME OF HOSPITAL (If not in hospitol, give s OR INSTITUTION Sharon Nursing Home	treet oddress)	d. STREET ADDRESS 470966th Place o. IS RESIDENCE ON A FARM? YES \(\subseteq \) NOX
B. NAME OF DECEASED (Type or print) WINIFRED	AGEES	MYERS 4. DATE Month Day Yeor OF DEATH December 31st, 1958
Fowell White	MARRIED NEVER MARRIED DOWED MODEL DIVORCED	8. DATE OF BIRTH April 16th, 1892 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY Waltham, Mass. USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Simon Pollard		Catherine L. Gere
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (It yes, give war or does of service) NO None		hn G. Myers, 470966th Place, Hyattsville,
		ralle, kelary alselese 2-3 yrs The cerebral arteriosclassis severely severely severely severely severely NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO SO NO SENTENDED NO SO NO SENTENDED NO SO NO SENTENDED NO SO D. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20 Hour o. m.	Od. INJURY OCCURRED 20e. PL/ /hile Nat while fac	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the decalive an Sec. 29. ACTUAL SIGNATURE PHYSICIAN'S John R. Spening NAME (Type)	Spencer cor	ADDRESS (Street, city or town, stote) Burtonsville, Md.
20. BURIAL, CREMATION, REMOVAL (Specify) Burial 1/3/1959	Pawtuxet Come	(5,6,6)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	

MINES CERTIFICATE OF DEATH A STATE OF THE PARTY OF THE PAR TAMES SAIS . The first market and Dance V Dance | Date | | | | | | bear, Mane. Catholica L. Mena The little and the state of the A La TO Famour ME Santa along the santal ... Angles depart property the

e. IS RESIDENCE ON A FARM?

YES NO DE

Yeor

1958

Reg. Dist. No.

Days

100	. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)	IZEN OF WHAT COUNTRY?
	Maryland	4.54.
13.	Willow d Davis Pormandy Marion Kisner	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Father Willard Da	vis Brown
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: ATELECTRS S	ONSET AND DEATH
	Conditions, if ony, which) PRISMATURE-I POUND BABY.	1-lev.
	gove rise to immediate couse (a), stating the <u>under-</u>	2 2 3 14
7	lying couse lost.) (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	11(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 ot work ot work of work 19 ot w	County) (Stote)
	21. I certify that I attended the deceased from 12-18 , 1958, to 12-18-58, 19 , that I	last saw the deceased
	olive on 12-18-5-2, 19, ond that death occurred at 9:25 M, from the couses ond an t	he date stated above.
	ACTUAL SIGNATURE William Frank M.D. 544W. MONTHOMERY)	DATE SIGNED
1/2	PHYSICIAN'S WILLIAM FRANK, M.D	
220	BURIAL CREMATION, 226. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. Town, or county) REMOVAL (Specify) 12/20/68 DEC. WASHINGTON MEDICAL SCHOOL 1335 HSt. 76	Stole) D.C.
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	GNATURE
1	obent A. Gunghrey Bethesda, Md. DATEDEC 2 4 '58 Onthing 8.	Kraus

VS A1S (4) 15M 9/SS

TO HOSPITAL

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	MATERIAL STATES		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13999

	19	UZU	CERTIFIC	AII	OF DEAL	П			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY M.O.	ntgomery		MARYLAND	11 .	USUAL RESIDENCE (NO. STATE	Where dece		. If instituti b. COUNTY	_	cast		sian)
b. CITY OR TOWN (IF	outside corporate lim	ts, write	c. LENGTH OF STAY IN 18	,	c. CITY OR TOWN (I		rporote li	mits, write F	URAL and	give ne	arest tow	n) \
Chevy Chas	·					marno			8:	3 Y -	3	
d. NAME OF HOSPITA			address)		d. STREET ADDRESS							SIDENCE A FARM?
3. NAME OF	Fi	-	Middle		Lost	4. DAT	E	Mor	th	Do		Yeor
(Type or print)	John		A.	N	ugent	OF DEA	тн Дө	c. 28	Sth.			19
i. SEX		7. MARRI	ED NEVER MARRIED		ATE OF BIRTH		Q AC	E /la vente				ER 24 HRS.
Male	White	WIDOWE			7/8/1900		58	t birthdoy)	Months	Doys	Hours	Min.
			KIND OF BUSINESS OR INI	DUSTRY	. / - /	te or foreig			12. C	ITIZEN C	DF WHAT	COUNTRY
Ret. U. S.	ing life, even if retired	Na	vy Dept.		Alexandr	ia. V	8.				. A.	
3. FATHER'S NAME		1	Jacpa	14	MOTHER'S MAIDEN	7						
Owen	n J. Nugen	t			Bertha H	Tall						
S. WAS DECEASED EVER			SOCIAL SECURITY NO. 17	INFOR		i pow		Add	ress			
	If yes, gave wer or dates of s			E14	zabeth Tif		บอลท	t -K1	lmarn	nek	Va.	
IR CAUSE OF DEAL	TH [Enter only one or	use per lin	e for (o), (b), and (c).]			2.00	w6 411				ERVAL BE	
PART I. DEAT	H WAS CAUSED BY:		COROL	une	21/ 00	201	115.	- 01		ON	SET AND	DEATH
	IMMEDIATE CAUSE (CORUI	V/J/V	7 00	CA	150	010		- 0	LAK	5
420,1	DUE TO											
Conditions, if on gove rise to im)										
couse (o), stoting t												
lying cause lost.) (c)										
PART II. OTH	er significant con	DITIONS C	ONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TER	MINAL DISE	ASE CON	IDITION GIV	EN IN PA	RT 1(0)	PERFC	AUTOPSY DRMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Er	ter noture of injury i	n Port I or	Port II af	item 18.)				
20c. TIME OF INJURY Hour o. m.		or 20d. IN	UURY OCCURRED 20e.	PLACE (OF INJURY (Home, fo street, office bldg., e	rm, 20f. (0	City or to	wn)		(County)	987	(State)
p. m.	19	of work	of work									
21. I certify the	at I attended the	decease	ed from nov		, 1956, to_	121	28	195	that I	last se	aw the	decease
alive an	12/28	19.5	B, and that dea	th occ	curred at 5	A.M. fr						
4	1		,					ity or town,		me do		ATE SIGNE
ACTUAL	who 4	Ens.	ser la	M.D.	5707 W	lines	ran	alle			191	5x1s
PHYSICIAN'S NAME (Type)	00	100		w.b.	Chev	y C	hes	4	Tu	d.	- ay	a.v
2a. BURIAL, CREMATION	N. 226. DATE THEREC)F	22c. NAME OF CEMETERY	OR CRI		4		City, tawn,			164	
REMOVAL (Specify) Burial	12/31/58		Arlington					ton,			(Stot	ej
3. FUNERAL DIRECTOR'S	SIGNATURE	10	ADDRESS 4M	57	V. 1. 24a. RE	C'D BY REG	ISTRAR	24b. REGI	STRAR'S S	IGNATU	RE	
1 Oteleh	F1/Duch	Jose	203414	12	DATE		'59		Chun &.			

may be retain by the hospital or attending physicion.

O FUNERAL D.CTOR: After this certificate has been signed by the attending physicion and completely filled in by funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registror prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL D

VS A15 (4) 15M 9/55

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death: Pa

TO HOSPITAL

VS A15 (4) 15M 10/57

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may be retained by the haspitol or attending physician.

TO FUNERAL DESCROR: After this certificate has been signed by the attending physicion and campletely filled in by funeral direpage 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed the registrar prior to burial, cremation, ar removal, and in ony event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14000

CERTIFICATE OF DEATH 14021

		12	UZI	CLKII	IICA	AIL OI L	JEATH				Reg. Di	st. No.		
1,	PLACE OF DEATH o. COUNTY Montgomery			MARY	rLAND	2. USUAL RESI o. STATE	DENCE (Whe		lived. If inst b. COU	itution: NTY	Resider	ice befor	e admiss	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							1 1	
	Bethesda			8 da	73	N	ew Yor	k		-	69	1	-	
	OR INSTITUTION	al Center,			Md.	d. STREET A		170 1	st Str	eat				DENCE FARM?
3.	NAME OF	Fire		Middle		los		4. DATE		Month		Do		feor
	DECEASED (Type or print)	Josep	h	Feli	K	O' Boy	le	OF DEATH	_	cem	her	8		9 58
5.	SEX	6. COLOR OR RACE	7. MARE	NEVER MARRI	ED []	8. DATE OF BIRT		1	9. AGE (In ye					R 24 HRS.
	Male	White	WIDOWI	ED DIVORCE	D	Septemb	er 28,	1921	last birthdo		Months	Doys	Hours	Min.
100	during most of work	N (Give kind of work of ing life, even if retired)	one 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPI	ACE (Stote o	r foreign co	untry)		12. CI	IZEN O	F WHAT	COUNTRY
	Bell Hop			Hotel		Ne	w York				100	U.S	S.A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	ME						
_	John O'Bo						therin							
		IN U. S. ARMED FOR	rvice)	SOCIAL SECURITY NO		FORMANT Th								
	Yes	WW II		73-12-6298		ne Clini	cal Ce	nter,	Bethe	sda	14,	Mar	yla	nd
		TH [Enter only one co	se per li	ne for (a), (b), and (c).	1,	1 -		11	-			INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	ara	MILLI CEL	rege	all 1	rresi	um	ia				T AND	DEATH.
	416X	DUE TO	-1	, -	1.1		1		11	1	1	1		
	Conditions, if on	y, which)	Rhoi	ematre A	1.1	dialla	10	mu	Want	1/18	6/0	13	71	141
	gave rise to in	mediate (1	a sudelle	est es	y war		, , , , ,		N.	un	40	24	vy.
	lying couse lost.	he under-	N	100000	nesel	-							/	
ZO	PART II, OTH	ER SIGNIFICANT CONI	OITIONS O	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITION	CIVEN	I INI PAD	T 2(a) 10	2 AVAC	HITOPCV
ATIC	MADORIL	nannin	10	18-10-2	in	with	Robert	Tie V	Usa	GIVEN	IN PAK	1 1(0)	PERFO	RMED?
등(200 ACCIDENT WAS	KIINDERIVING D	20h DES	CRIBE HOW INJURY O	CCUPPER	will I	reprair	100	ww	ver	7		YES 🌉	NO 🗌
CERTIF	OR CONTRIBUTING	LI CAUSE OF DEATH I	200. DES	CRIBE HOW HAJORI O	CCORRED	o. (Enter nature o	r≱mjury in ro	n i or you	ii of item 18.					
CAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d. It	NJURY OCCURRED	20e. PLA	CE OF INJURY F	Home, form,	20f. (City	or town)		10	County)		(Stote)
MEDICAL	Hour o.m. p. m.	19	While of work	Nat while	foc	tory, street, office	e bldg., etc.)					,		(
	21. I certify the	at I attended the	decease	ed from Novem	ber	30 1958	to De	cember	8. 10	58 .	hot I	lost so	w the	doceoned
	alive on Dec	ember 8,	. 19 5	8 and that	death	occurred at	11:45a	M from	the cours		1 00 1	الما الما	w ille	J - L -
	1	-11/	5	X71 /	7	occorred de			eet, city or to			ne doi		TE SIGNED
	ACTUAL SIGNATURE	1/1/hm	1/1/	lass		. т			Center		,	12.	-8-58	
	SIGNATURE Z	were the second		70-11	^				titute		P U		-	
	PHYSICIAN'S NAME (Type)	William W.	Pfa	f, M. D.					. Mary			calu	11	
22c	BURIAL, CREMATION	, 22b. DATE THEREO		22c. NAME OF CEM	ETERY OF	CREMATORY			ON (City, tov				(State	1
u	r-Transit	12/9/58		St. Raym	ond			Bron			ork		10.00	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	-110		24o. REC'D			-	AR'S SIC		E	
K	opert A. 1	umphrey-	Beth	nesda, Md.										

MILES OF REALTH - MACHINORE, 18	MARYLAND STATE CHALYRAM
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Broug New York	bronger i mante 12/8/98 St. navangend
	Cobert A. Famphrey-Betheadh, Md.

CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY, IN 16 b. CITY OR TOWN (If outside corporale limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give represt town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE Middle Day Year DECEASED DEATH (Type or print) 19 9. AGE (In years 7 Tost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Min. Hours DIVORCED WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, eyen if retired) 12. CITIZEN OF WHAT COUNTRY? ecc - Mining Engineer acc delf-employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 10 cear 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Iff yes, give war or dates of services yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. 1190 PART II. OTHER SIGNIFICANT CONDITIONS (INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Nat while at work at work ... 19 5 / to / 7 _____ 192 (that I last saw the deceased and that death accurred at 8 25 MM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 12/11/58 GATE OF HEAVEN CEMETERY BURIAL MONTGOMERY COUNTY, MD 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SILVER SPRING. MD.

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14002 Rea Dist No

						110g. Dist., 110.	
1. PLACE OF DEATH O. COUNTY	rome tu	MARYLA	II O SIAIF	DENCE (Where deced	sed lived. If institut b. COUNTY	111 +	e admission)
b. CITY OR TOWN (If outside RURAL and give nearest tow	corporate limits, write	c. LENGTH OF STAY IN	16 c. CITY OR	TOWN (If outside cor	porote limits, write		
Rock wille.	11)	2 402 -	5 X R	ethecolo			
d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospitol, give stre		d. STREET A	DDRESS			e. IS RESIDENCE
Conquessiona	1 Manor	Sanitariu	m 5410	McKinle	y St.		ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	First 2/1/	Middle G.	Owen	OF	*****	nth Doy	Year 1953
5. SEX	OR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRT	H	9. AGE (In years lost birthday)	The second second	
Temale w	11/50	WED DIVORCED [151868	70 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give during most of working life,	kind of work done 10	Db. KIND OF BUSINESS OR I	INDUSTRY 11. BIRTHPE	ACE (Stote or foreign	country)	12. CITIZEN OI	WHAT COUNTRY?
Homemaket			V	rginia-		U.	S.A.
13. FATHER'S NAME		1	14. MOTHER'S	MAIDEN NAME	-	1/1	
InAdu	5	Green	MAG	RGARET	Bla	chbut	n
15. WAS DECEASED EVER IN U. S Yes, no. or unknown) If yes, give	. ARMED FORCES? wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	1, ,1	Add	lress m Vin	1-14
no		hone	Mrs. Marg	net HUS	on Fred	The solar of	mi.
18. CAUSE OF DEATH [Ente		line for (o), (b), and (c).]		1 1		INTE	RVAL BETWEEN ET AND DEATH
PART I. DEATH WAS IMMEDIA	CAUSED BY: ATE CAUSE (o)	Arute 1	140027	\$175		CIVS	24/115
493X	DUE TO	1	1111	/	1,		
Conditions, if ony, which		/ herus blue	e lett	lacer	106€		00/245
gove rise to immediate couse (a), stating the under			1 -				
lying couse lost.) (c)						
PART II. OTHER SIGN	FICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	ASE CONDITION GIV	VEN IN PART I(o) 19	. WAS AUTOPSY PERFORMEDI
3 Arterisciero	tre (2)	1-d10-V-2560/2	v Veust	disea:	50		YES NO NO
PART II. OTHER SIGNI ATTERISCHET CO 20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	LYING 20b. D E OF DEATH EXAMINER)	ESCRIBE HOW INJURY OCC	URRED. (Enter noture o	f injury in Port I or P	ort II of item 18.)		
20c. TIME OF INJURY Month Hour o. jn. p. m.	Whi		e. PLACE OF INJURY (foctory, street, office		ity or town)	(County)	(Stote)
21. I certify that I att	ended the dece	ased from Apr 1	1 1952	to 12	-2/ 1058	that I last so	w the deceased
alive an/	7-20-19	m 53 / 1	eath occurred at	61450M 80			
	1/	A	odili occorred dis		Street, city or town,		DATE SIGNED
ACTUAL	600	> Kurilly	-1137/1	or thent	101/4	120/18°	17-21-0
		11		0-35/1/27		DO NO IVE	1=1.4
PHYSICIAN'S NAME (Type)	· Roge+	Kuntz M	D.				
220. BURIAL, CREMATION, 22b.	DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMATORY	22d, LOC	ATION (City, town,	or county)	(Stote)
Burial 12	-24-58		e Cemeter		ckville.	Marylar	
23. FUNERAL DIRECTOR'S SIGNAT		ADDRESS		24a. REC'D BY REGI		STRAR'S SIGNATURE	
Robert A. Pu	mphrey,	Bethesda, 1	Md.	DATE DEC 2 4	58	I'm S. Kraus	
						1 000, 1 000000	3

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retains! by the hospital ar attending physician.

TO FUNERAL COR: After this certificate has been signed by the attending physician and campletely filled in b page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14003 14023 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomery District of Columbia death. erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) Bethesda 8 days Washington 15. . IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION YES NO Suburban Hospirtal Chevy Chase Parkway 4. DATE NAME OF Middle Yeor OF DEATH Frank Laurie (Type or print) Parisi December 17 9. AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX Months Doys Hours Male White WIDOWED | DIVORCED March 22. 1917 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Real Estate New York II.S corbon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Parisi Katherine Roman remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5611" Chevy Chase Pkwy. No Unknown Washington, D.C. Jean Parisi INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 192 WAS AUTOPSY PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m Not while at work of work

21. I certify that I attended the deceased fram.

(County)

(Stote)

___that I last saw the deceased and that death accurred at 714 5 AM, from the causes and an the date stated above.

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION,

ACTUAL

22c. NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

22d. LOCATION (City, town, or county) Washington, D.C.

(State)

MEDICAL

ADDRESS

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE aritur & Thouse

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	and the same	a Percel III	
Mr. and Could stown I am at the at			
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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	1
14024	CEDTIFICATE	OF DEATH	

Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . STATE Maryland o. COUNTY b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. RURAL ond give negrest town)
Gaithersburg 2 mo. 8 days Cumberland d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 17 N. Lee St. Asbury Methodist Home for the Aged, Ind YES NO DE 3. NAME OF 4. DATE Yeor DECEASED (Type or print) DEATH 195 7. MARRIED T NEVER MARRIED DE B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Female white July 16, 1880 WIDOWED [DIVORCED [78 yrs 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Fort Ashby, West Va. clerk in grocery store 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel M. Parker Margaret Reese 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 217-10-6988 Asbury Methodist Home, Gaithersburg, Md. no 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO concestive HEART FAILURE Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while of work of work 1956 that I last saw the deceased 21. I certify that I attended the deceased fram and that death occurred at \$14572M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 10128 CEDAR LANE KENSINETON, Md PHYSICIAN'S Sarah L. Glover NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Hillcrest Cumberl and ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Gaithersburg. Md.

15M 10/57

SECTION OF THE SECTIO Lorent Lt. 1800 Clark Teal . Mark Just NAME OF THE OWNERS OF THE PARTY The ter to be particularly hor Recordered See a cellie Henry Parker ARRES OF SECRETE I was worked to sold and the sold of the sold with

FOR STATE HEALTH DEPT.

PLACE OF BEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14025 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14905

		-	100	1)	3
Reg. Dist.	No.				
	-			-	

	a. COUNTY MINTGLOMERY MARYLAND	a. STATE b. COUNTY M. Let
1	b. CITY OR TOWN III authide corporate limits write BURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autide corporate limits, write RURAL and give yearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (IT not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	3. NAME OF First Middle	tost 4. DATE D Month Day Year
	(Type or print) Mary deronica	Tayne DEATH 2) 3 1958
1	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 7/5/86 9. AGE (in years left UNDER YEAR IF UNDER 24 HRS. North birthday) 7/2 yrs. Months Days Hours Min.
	100 ASUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	
	13. FATHER'S NAME OWN home	N. S. M. S.C.
	John Sumstine	Mary Ho as
	[Yes, not or unknown) It yes, give wor or doles of service)	FORMANT Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y:	INTERVAL BETWEEN ONSET AND DEATH
	420.1 IMMEDIATE CAUSE (o) CECONOCIO	suchen
	Canditians. If ony, which gave rise to immediate couse (a), stating the underlying DUE TO	
1	Cause Idsl. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIB	YES NO 18
	20c. TIME OF INJURY Month, Day, Yeor Hour o. m. P. m. 19 20d. INJURY OCCURRED focto of work of	E OF INJURY (Home, form, ry, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that I took charge of the remains described above	
	opinion deoth resulted from: Notural couses [X], Accident [, Suicide , Homicide , Undetermined monner
	SIGNATURE Frank J. Brose hout	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S FLANK J. Brosenzes	ASSISTANT MEDICAL EXAMINER [] DEPUTY MEDICAL EXAMINER [] 12-3-58
	220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CEDAR HILL CEME	The state of the control of the state of the
	23. FUNERAL DIRECTOR'S SIGNATURE WARNER B. PUMPHREY, INC. SILVER SPRING	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Rasmond a. Jesten.	DATES 8 158 Carting & France

TO DEPUTY MEPICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the ficate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be "warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bood of Health, ar its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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TO COMPLETE THE REST OF THE PARTY OF THE PAR HUNDERO BEAUPHRED 2021/HAMASELADIOEM FORM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14026

CERTIFICATE OF DEATH

9		Reg. Dist. No.
1	n. Place of Death o. County Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Maryland b. COUNTMONTGOMERY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) West Moorland Hills	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XWest Moorland Hills
İ	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 5221 Farrington Road	/ d. STREET ADDRESS 5221 Farrington Road On A FARM? YES NO
I	3. NAME OF DECEASED (Type or print) AGNES C. POPKINS	Lost 4. DATE Month Pay Year OF REATH DEC. 4 1958
Ì	The state of the s	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Sept. 2, 1869 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Haurs Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE Own Home	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Virginia US
Ì	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
l	John Wesley Hoges	Catherine E. Douglas
	(Yes, no, or unknown) (If yes, give war or dates of service)	Florence E. Parks-Item# 2
	Conditions, if ony, which gave rise to immediate couse (a), storing the under-lying cause last. (c) MMEDIATE CAUSE (b) Conditions e heart descure years.	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) VAS AUTOPSY PERFORMED? YES NO NO. (Enter nature of injury in Part I or Part II of item 18.)
	Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) tory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from NOV, alive on NOV, alive on NOV, 1958, and that death SIGNATURE PHYSICIAN'S NAME (Type) C.P. RYLAND.	Abdress (Street, city or town, state) 14400-49 StNW 12-4-50 Washington/6 DC
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL Specify 12/8/58 Glenwood	Wash ington, D.C.
1	23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
I	real residence in the r	DATEC 8 '58 arthur & Knows

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retain by the haspital or attending physician.

TO FUNERAL DINECTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours, offer death.

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VS A15 (4) 1SM 9/5S

MARYLAND STATE DIPARTMENT OF HEALTH

CERTIFICATE OF DEATHE

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1	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18			
4	14027 CERTIFICATE OF	F DEATH Reg. Dist. No. 14007			
filed with	1. PLACE OF DEATH O. COUNTY Montgomery Maryland 2. USUAL 1 O. STATE	RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomery			
9 9	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Spring, Life C. CITY	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sandy Spring			
by me tun d 2 should	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STRE	ET ADDRESS e. IS RESIDENCE ON A FARM? YES \[\] NO \[\]			
6	3. NAME OF DECEASED (Type or print) First Middle Power	Last of DATE Month Day Year PEATH Dec. 3 1958			
completery med papers. Pages 1 ath.	S. SEX Female 6. COLOR OR RACE Colored WIDOWED DIVORCED 3/20				
bon papers.	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dome stio				
of co	13. FATHER'S NAME	er's Maiden NAME rgaret Unknown			
remove cor 72 hours ofte	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT LUCY	Address			
orenging on please re it within 72	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COPONARY Thrombos	INTERVAL BETWEEN ONSET AND DEATH 2 days			
signed by the it permit. The in ony ever	Conditions, if ony, which gove rise to immediate cose (o), stating the underlying cause lost. DUE TO Arteriosclerosis (b) DUE TO Hypertensive Carc	diorenal Disease			
e nos been s buriol-transit remaval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO			
the bur	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ore of injury in Port I or Port II of item 18.)			
r use as	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work of work 19 of work 19 Not w	IRY (Home, farm, 20f. (City or town) (County) (State) office bldg., etc.)			
te detached for ior to buriol, cr		36, to Dec 3, 1958, that I last saw the decease at 11:05MA from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNE 12/6/58			
3 should be egistror prior	PHYSICIAN'S Webster Sewell, M.D. Non	rbeck Rt.l Silver Spring, Md.			
page 3 shot	220. BURIAL, CREMATION, BERMOVAL (Specify) 12/7/58 22c. NAME OF CEMETERY OR CREMATOR Sandy Spring,	22d. LOCATION (City, town, or county) (Stote) Sandy Spring, Md.			
5 (4) 7SS	23. FUNERAL DIRECTOR'S SIGNATURE ROCKVILLE, Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE: 1 7 '58 Childry & Khall			

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FOR STATE

HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is recessory, please execute the fificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funerh frector. Page 4 should be revained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained ut your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, crematian, ar remayal, and in any fifth within 72 hours after death.

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VS. A15ME 5M 2/57

13031	Reg. Dist	. No.
1. PLACE OF DEATH 6. COUNTY MORTGOMETY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY Mon	te before odmission)
b. CITY OR TOWN (If outside corporate limit, write PURAL and give nearest foun) Better a Rochallo		
Schar Schar Walter Office Street oddress)	d STREET ADDRESS 6304 E. Halbert Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Jan Steven Rapke	OF 70 /2 /20 -0	Doy Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 14	
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Student	USTRY 11. BIRTHPLACE (Stote or foreign country) Washington, D.C.	N OF WHAT COUNTRY
13. FATHER'S NAME Sidney Rapke	14. MOTHER'S MAIDEN NAME Eva Kraus	
[Yes, no, or unknown] 1 (If yes, give war or dates of service)	Sidney Rapke - 6304 E. Halbert Rd.	,Beth.,Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac ar	rrest	INTERVAL BETWEEN ONSET AND DEATH Sudden
gave rise to immediate cause	l fragmentation	?
cause lost. (c)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Colleged & deep while Alaquis 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Center toul at school (Enter noture of injury in Port I or Part II of item 18.)	YES NO
	PLACE OF INJURY (Home, farm, 20f. (City or town) (Count	y) (Stote)
Hour a. m. 19 While Not while of work of work	octory, street, office bldg., etc.)	
21. I certify that I taak charge of the remains described at opinion death resulted from: Natural causes , Accident		
SIGNATURE FRANK J. Brownhaut	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S FLANK J. Brosch 244	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D 12-1-5	5-8
		(Stote) irginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bernard Danzansky & Sons-3501 14th St., N	N. W. DATE 240. REGISTRAR 246. REGISTRAR'S SIGN ONLINE & M.	4

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14029 Item

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1. PLACE OF DEATH o. COUNTY			MARYLAN	II a ST	AL RESIDENCE (Where decease	ed lived. If instituti b. COUNTY	on: Residen	ce before ad	mission)
RURAL ond give	(If outside corporate lim nearest town)		c. LENGTH OF STAY IN 1		Maryla TY OR TOWN (I		prote limits, write R	urat and	give nearest I	lown)
OR INSTITUTION	TAL (If not in hospital,	give street	address)	d. 51	Clarke REET ADDRESS	burg, R	ural		01	RESIDENCE N A FARM?
	.Gen. Hospit	aL							YES	NO
3. NAME OF DECEASED (Type or print)	Loti	ie:	Estelle	Redm	ion d	4. DATE OF DEATH	Mon	th	Doy	Year
5. SEX Female	6. COLOR OR RACE	7. MARR	NEVER MARRIED		28-1896		9. AGE (In years lost birthdoy) 62 yrs.	Months	1 YEAR IF UI	7
10a. USUAL OCCUPAT		done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11.		ite or foreign o			IZEN OF WE	HAT COUNTR
13. FATHER'S NAME		3			THER'S MAIDEN					
	eorge M. Hor			Le	vina We	rner				
(Yes, no, or unknown)	ER IN U. S. ARMED FOR	service)					Add			
	No		None	Ray	mond Rec	dmond, (larksbur	g. Md		
	ATH [Enter only one co	ouse per lin	ne for (o), (b), and (c).]							BETWEEN ND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE &	, Ce	rebral Vaso	cular	Thromb	onsis.	recurr	ent		wks
1332×	DUE TO							XIII .		WA.S
Conditions, if	any, which)	. Ar	teriosclero	osis.	cener	11700			CONT	22.0
gave rise to	immediate (101100000	5020,	501101	<u> </u>			yea	rs.
lying cause lost	ine under-								100	
	- ' '		ONTRIBUTING TO DEATH E	BUT NOT PELA	TED TO THE TER	MINIAL DISEAS	E COMPITION CIN	ENLINE DAD	7.1/-> 10.34/	AC AUTORIX
\$								EN IN PAK	PEI	REORMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUP	RRED. (Enter n	oture of injury i	n Port I or Por	rt II of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	10	ar 20d. IN While at work	Not while	PLACE OF IN foctory, stree	UURY (Home, fo t, office bldg., e	rm, 20f. (Cit	y or town)	(0	County)	(State)
21. I certify t	hat I attended the	decease	ed from	. 19	955 to I	Dec. 1	3 1958	that I	lost saw tl	he deceas
olive an	Dec. 12	1958	ond that dec	ath accurre	d at 3:3	SOAL from	m the course o			at all al
0.110			, one mar dec)	d dillerie		treet, city or town,		ne dote st	DATE SIGN
ACTUAL	mu	ch	en ai	M.D	Maj	in Str				
PHYSICIAN'S NAME (Type)	Gilcin F.	Mead	lors. MD.		Dan	nascas	, Md.			
	ON, 22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CREMAT	ORY	22d. LOCA	TION (City, town, o	or county)	(5	Stote)
REMOVAL (Specify Burial	12/16/	58	Neelsville				lsville.M		3,198	
3. FUNERAL DIRECTOR	rssignature Funeral Ho	me_Ba	rnesville, Md			C'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIC		
Constar	ce C. Sti	ton	,		DATE	75	58 Cin	Thurs &	Francisco.	

uneral director.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifther registrar prior to burial, cremation, ar removal, and in any event without after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14030 CERTIFICATE OF DEATH

14011

		1	7	10	T
Dist.	No.				

								Reg. Dist. N	0.	
	Montgomery		MARY	LAND 2.	USUAL RESIDENCE (WOOD, STATE Marylan	here deceased live	b. COUNTY .	n: Residence be		11.00
b. CITY OR TOWN (III RURAL and give ne Silver		write	l yr.2 mon		c. CITY OR TOWN (IF	outside carparate	limits, write RU	RAL ond give n	learest tow	vn)
d. NAME OF HOSPIT. OR INSTITUTION 14511 Coles	AL (If not in hospital, gives ville Road	e street oo (Mar	dress) ilea Rest	Home)	d. STREET ADDRESS Box # 84				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	THOMAS First		Middle ELANSII	NG R	Lost ESTER	4. DATE OF DEATH	Month		Doy	Year
5. SEX Male	White	VIDOWED		Ju	ATE OF BIRTH ly 21st, 18	80	78 yrs.	Months Doys	_	DER 24 HRS. Min.
10a. USUAL OCCUPATIO during most of work Farmer Se	ind life, even it refired)		nd of Business o	R INDUSTRY	11. BIRTHPLACE (State Miss.	or foreign countr	y)	12. CITIZEN USA	OF WHA	T COUNTRY
13. FATHER'S NAME William Re	ester				Annie Bilb					
	R IN U. S. ARMED FORCE If yes, give war or dates of serv None	ice)	ocial security no		RMANT Lona Mae C	otton.	Addre Riwa. A	inne Aru	undel	Co. Md
33/X Conditions, if ar gove rise to in cause (o), stating a lying couse lost.	nmediate (Ciento de la constante de la c	africa	ent.	in clar	nii i			2	ou to
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING OR CONTRIBUTING If EITHER, NOTIFY	ER SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	19. WAS PERFO YES	AUTOPSY ORMED?
	CAUSE OF DEATH	Ob. DESCR	IBE HOW INJURY OF	CCURRED. (E	nter nature of injury in I	Part I ar Port II a	fitem 1B.)			
Zoc. TIME OF INJURY Hour a. jr. p. m.	Manth, Day, Year 19	While	Not while of work	20e. PLACE factory	OF INJURY (Home, farm, street, affice bldg., etc	20f. (City or to	awn)	(County)	(Stote)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the d	eceased, 12 Z	fram Que	death ac	curred of 15	AM, fram the ADDRESS (Street,	e causes an	d an the d	ate stat	deceased ed abave ATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Dec.13th.		22c. NAME OF CEME Juniper (Church Cem.	22d. LOCATION Poplar	(City, town, or ville,		(Sto	le)
23. FUNERAL DIRECTOR'S W.W. Chamber	signature company,	River	ADDRESS dale, Md.		24g. REC'I	D BY REGISTRAR C 1 5 '58		RAR'S SIGNATE		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14031

CERTIFICATE OF DEATH

14012

	keg. Dist. No.
1, PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) O. STATE
Montgomery	Maryland Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Chevy Chase	X Chevy Chase
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS o. 15 RESIDENCE
#9 West Irving Street	#9 West Irving Street VES NO M
3. NAME OF DECEASED (Type or print) FANNY OTIS	RICHARDS 4. DATE Month Doy Yeor DEATH December 12 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	March 23, 1868 of thidoy) yrs. Anths 1881 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife Own Home	California US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Otis Bartlett	Olive Little Rogers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IF	NFORMANT Address
	artlett Richards-son-same as 2d
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
14 20,0 DUE TO	7-00-100-
(4.74. 5-0	A No LA
Conditions, if any, which gove rise to immediate	mental print
couse (o), stoting the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour o. m. 19 While Nat while for p. m. 19 of work of work	tory, street, office bldg., etc.)
0/2=	1 1-1 12112
21. I certify that I attended the deceased from.	1956 to 1977 1900, that I last saw the deceased
alive an 171 1900, and that death	accurred at
16001	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE SIGNATURE	M. Madwington Cluip
	11. 1 1 = 10
PHYSICIAN'S WM. L. HOUE!	- Classe 13 DC.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (\$tote)
Cremation 12/15/58 Cedar Hill	Suitland, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24- DEC'D BY DECISTRAD 24- DECISTRAD'S SIGNATURE
Robert A. Pumphrey-Bethesda, Md.	DATE DEC 1 8 58

may be re VS A15 (4) 15M 9/55

TO HOSPITAL

		CERTIFICAT	
	Mary 1		
	House parties		
OSCIONA DE LA TRANS			
CONTRACTOR OF STREET, AND ASSESSED.			
			Security Trans Contractions 1 (1)

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 by the hospital or attending physician. ECTOR: After this certificate has been signed by the attending physician and campletely filled in by a funeral director. Belached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with iar to burial, are removel, and in any event within 72 hours after death.	(
within 24 haurs after death. Page tely filled in by the funeral directal Pages 1 and 2 should be filed wit	(
within 24 haurs after death. Pagely filled in by founder direct Pages I and 2 should be filed v	(
within 24 haurs after death. P. tely filled in by toneral dir. Pages 1 and 2 should be filed	
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the hospital ar DR: After this co tached far use burial, cremati	
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the hospital or attending physician. ECTOR: After this certificate has been signed by the attending physician and camped edeached for use as the burial-transit permit. Then please remove carbon paper to be detached for use as the burial-transit permit. Then please remove carbon paper to be aburial, so to burial, comotion, and in any event within 72 hours after death.	

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	27000		CERTIFIC		. OI DEAII			Reg. D	ist. No		
	PLACE OF DEATH COUNTY Montgomery		MARYLAND	11	USUAL RESIDENCE (WI STATE Maryland	here deceased	lived. If institution b. COUNTY	ntgo	nce before	ore admiss	ion)
ı	c. CITY OR TOWN (If outside corporate limits RURAL and give pearest town) NOT DECK	write	c. LENGTH OF STAY IN 16	X	C. CITY OR TOWN (IF	_	ote limits, write Richard	URAL and	give ne	arest town	1)
	d. NAME OF HOSPITAL (If not in hospitol, giv OR INSTITUTION Bradford's Rest				d. STREET ADDRESS C Silyen Syn	/o Dr	G. Pof	fenb	erg	IS RES YES	FARM?
1	NAME OF First DECEASED (Type or print) William		Middle F Sallie		chmond	4. DATE OF DEATH	Decemb	oer	6,		Yeor 1958
5. \$	male	7. MARRI MIDOWE	ED MEVER MARRIED D	8. 0	Teb. 3,18	94	9. AGE (In years lost birthday) 64 yrs.	Months .	Doys	Hours	R 24 HRS. Min.
10a	. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Laborer	ne 10b. I	(IND OF BUSINESS OR INC		Mebane,	N. C.	untry)	12. CI	ITIZEN C	F WHAT	COUNTRY
13.	FATHER'S NAME Zack Richmo:	nd				eth Wi	illiamson	1			
	WAS DECEASED EVER IN U. S. ARMED FORC (If yes, give wor or dates of ser		SOCIAL SECURITY NO. 17.	INFO	RMANT Adeline I	Lloyd	1208 Add		- /		
	18. CAUSE OF DEATH [Enter only one cou PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	se per lin	o for (o), (b), and (c).] Coronary	Thi	combosis				INT	erval Be Set AND day	DEATH
	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last.	wit	eriosclero h Edema, H Anuria.						a		
CATION	PART II. OTHER SIGNIFICANT COND Chronic Pulmon:	TIONS C	ONTRIBUTING TO DEATH BE Tuberculos	is	RELATED TO THE TERM Inactive	MAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o)	PERFO YES	RMEDE
CERTIFI	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in	Port I or Port	If of item 18.)				-7
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m p. m. 19	While	Not while of work	PLACE	OF INJURY (Home, form street, affice bldg., etc	20f. (City	or town)		(County)		(State)
	21. I certify that I attended the alive an Dec. 6. ACTUAL SIGNATURE		ed fram Aug. 3		curred at 10 P	M, fram		ind an i		te state	
200			11, M.D.		Norbeck R		Silver		rin	g, N	ld.
	BURIAL CREMATION, 22b. DATE THEREOF 12/9/3	7	LINCOLO	7 }	rK,	Hock	-	M	<u>d</u> -	(State	b }
23.	Physeral director's signature	11	TOOKUIL	(P	: Md 240. REC	D BY REGIST	RAR 24b. REGIS	- 11		RÉ	

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Reg. Dist. No. Montgomery . IS RESIDENCE ON A FARM? YES NO TO Year Day IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours 12. CITIZEN OF WHAT COUNTRY? US INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO

(County)

(Stote)

DATE SIGNED

21. I certify that I attended the deceased from

M. L. White

and that death occurred

22c. NAME OF CEMETERY OR CREMATORY

11134 Georgia Ave., Silver Spring, Md.

ADDRESS (Street, city or town, state)

(Stote)

Bur REMOYAL ansit 12/4/58

220. BURIAL, CREMATION, 22b. DATE THEREOF

ACTUAL PHYSICIAN'S

NAME (Type)

Fairview

22d. LOCATION (City, town, or county) Red Bank, New Jersey

at 1. M, from the causes and on the date stated above.

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey-Bethesda, Md. 24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE I want S. Miner

TO FUNERAL

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THE PARTY OF THE P	Apple Chestnyt		Family Street
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and, dew Jores gual	H boll	weivrie i	BELVELL MEMBERSON

14034 **CERTIFICATE OF DEATH**

Reg. Dist. No.

o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO STATE	nere deceased li	ed. If institution b. COUNTY	on: Residence befo	ore admissio	n)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington	c. LENGTH OF STAY IN 16	c. CITY OR TOWN IS	ritin greet	limits, Prite (1	URAL ond give ne	earest town)	
d. NAME OF HOSPITAL (If not in hospitol, give street Kensington Gardens N	oddress) ursing Home	d. STREET ADDRESS	ed St.	N.W.		e. IS RESID ON A F YES	ARM?
3. NAME OF DECEASED (Type or print) LOUISE Pe	Middle iffer	ROBBINS	4. DATE OF DEATH	Decem		1959	
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	IED NEVER MARRIED DIVORCED DIVORCED	8/28/78	9.	AGE (In years lost birthday) 80 yrs.	Months Days	Hours	24 HRS. Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) At Home	KIND OF BUSINESS OR INDU	Miamisbur			12. CITIZEN	OF WHAT C	OUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
John R. Peiffer		Alice Fid	dler				
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		lary W. Cos	stello	, Colo:		ildi	ng
18. CAUSE OF DEATH [Enter only one couse per lin PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	wite Corolly (probably nteriosche arteria	Hyperte.	usive,	heart 1	nuboni,	MAON 19. WAS AL PERFORM YES	JEATH 24 LC JTOPSY WED?
A Hour o.m. While	Not while of work	ACE OF INJURY (Home, form story, street, office bldg., etc.	20f. (City or	town)	(County)		(Stote)
21. I certify that I attended the decease alive on 12-119 5 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	and that death		ADDRESS (Siree	he causes a	.,that I last s nd an the do stote)	ite stated	
220. BURIAL, CREMATION, REMOVAL (Specify) 12/29/58	22c. NAME OF CEMETERY O	National Ca	m. Fi	N (City, town, o	**	(State)	
23. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Company	100855 1 1/1+h	St. N 240. REC'I	D BY REGISTRAI	24b. REGIS	TRAR'S SIGNATU	RE	

ATTENDING PHYSICIAN; The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4 te funeral directar, 2 shauld be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours o may be retained by the haspital or ottending physicion.

TO FUNERAL ACCTOR: After this certificate has been signed by the ottending physicion and campletely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2's the registror priar to burial, cremotion, or removal, and in any event within 72 hours often death. VS A1S (4) 15M 9/S5

DIGING CERTIFICATE OF DEATH THE HEALTH HE Here we are the control of the contr

uneral directar, uld be filed with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 O FUNERAL DIM OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 she the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO FUNERAL DIA

TO HOSPITAL OR VS A15 (4) 1SM 10/57

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Kensington, Maryland 6 wks.	X Bethesda, Maryland
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
ensington Gardens Nursing Home	7708 Geranium St. ON A FARM?
3. NAME OF First Middle OF DECEASED (Type or print) Ruth V. Rodebaugh	Lost 4. DATE Month Dec. 24, Poy Yeor DEATH Dec. 24, 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	P. DATE OF BIRTH
Female White WIDOWED DIVORCED	Jan. 31, 1887 last birthday) Months Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	
Housewife Own Home	Berwick, Penna. U. S. A.
John W. Moorehead	Prisilla L. Shay
John W. Moorenead	Tribitia D. Onay
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) None 17. I	Philip S. Moorehead, 7708 Geranium St.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	Interval Between
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) 12 UNIA STUNIC UM	antina o non aungs
DUE TO BOLL	
gove rise to immediate (b) LUNG-tag Cungra	d of treat
couse (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
206. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING AND AND AND AND AND AND AND AND AND AND	D. (Enter nature of injury in Port I or Port II af item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 79 20d. INJURY OCCURRED While Not white of work of wark	ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram	1953, taffec 24 , 1957, that I last saw the deceased
<i>X</i>)	accurred at 45 P. M. fram the causes and on the date stated above.
dire di grandi dediti	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE SELLAN COLASS	MD. 3921 Ingone SP/14. 12/24/58
PHYSICIAN'S Stewart Clapp	wash 15 D, C.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, tawn, or county) (State)
Burial - Transit 12-26-58 Westmin	ister Ceme, Philadelphia, Penna.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey, Bethesda, Mary	land
	DATE DEG 3 0 58 Chihur S. France

HTA30 50 STADRITSED GLUE 1 NAME OF STREET nostrate . Abaseasa .vonicatile .. Street death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

and the State of t	TE OF DEATH	PRE CERTIFICA	
		# R GO VALUE OF STREET	
Tomerus Comment			
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TRANSPORT COOK			
	CARROTT IN TOOL WITH	y Howardon - Van	Charles Project

VS. A1SME 5M 2/57

4121	MA	RYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	B
FOR STATE	14037	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Re
HEALTH DEPT.	. BLACE OF DEATH	11.2 LIFELIAL DECEMBRICS AND A LIVE A MARKET AND A LIVE	-

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and the	-	U	4	1

	ICAL EXAMINER'S	CERTIFICATE	OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Monta omer	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	re deceased lived. If institute. B. COUNT	otion: Residence before admission) Y Dade Issue
b. CITY OR TOWN (it autside corporate limits, write RUI and give necrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	rside corporote limits, write Pompano B	RURAL and give nearest lown)
d. NAME OF HOSPITAL OR INSTITUTION (IF no	it in hospitol, give street oddress)	d. street Address	20 N. E. 48	Street e. IS RESIDENCE ON A FARM? VES NO D
3. NAME OF DECEASED (Type or print)	Middle K	Lost I.	DATE Monti	////
		DATE OF BIRTH	9. AGE fin years last birthday)	IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work done	DIVORCED DIVORCED 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Self Emp.	S.C.		21.56.
13. FATHER'S NAME	her	14. MOTHER'S MAIDEN NAM	hice.	10.
15. WAS DECEASED EVER IN U. S/ARMED FORCE [Yes/no, or unknown) No	57 16. SOCIAL SECURITY NO. 17. IN	NFORMANT ROBER (4)	Address	VI. 2
18. CAUSE OF DEATH [Enter only one cause g PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if ony, which gave rise to immediate cause (o), staling the underlying couse last. (c) (c)	Cormany	eclusion		INTERVAL BETWEEN ONSET AND DEATH
PART II, OTHER SIGNIFICANT CONDITI				(EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 10
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED. {E	nter noture of injury in Part I a	or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. 19	20d. INJURY OCCURRED 20e. PLAC While Not while factor of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I took charge of opinion death resulted fram: National Signature Figure 1. Company of the state of the	overhant	_	micide Undete	Inquiry , and in my rmined manner DATE SIGNED 2-9-58
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		ed. LOCATION (City, town,	or county) (State)
Cremation 12/10/58 23. FUNERAL DIRECTOR'S SIGNATURE	Cedar Hill ADDRESS	24o. REC'D B	Suitland, M	aryland STRAR'S SIGNATURE
Robert A. Pumphrey-	Retherda Md		- 150	

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HTASE TO TRADELINE		DICIM TED VI
	SEPTIMENT INC	
	igner He	
		Man Thompson States
		No.
		AND THE RESIDENCE OF THE PARTY
		THE PROPERTY OF STREET
		CENTER AND INC.
	150.5.14 \$10	E. T. H. C. CTM
	HE AS TO LINE TO HE CAN	
Drei riele, brailie	Coder Hill	12/10/86 12/10/86
	NAME about the	dier A. Fümpiner-Be

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4038	CERTIFICATE	OF DEAT
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	14	038	CERTIF	FICA	ATE OF DEATH	1		Reg. Dist	l. No.	
1. PLACE OF DEATH o. COUNTY	ontsomery		MARYL	AND	2. USUAL RESIDENCE (WHO STATE	vlvani	b. COUNTY	on: Residence	e before ad	mission)
b. CITY OR TOWN (I	f outside corporate limit	ls, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o			URAL ond gi	ve neorest	lown)
RURAL ond give ne Bethesi			32 days		West Brow	mesrill.	2 7	5 X.	3	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g		esda 14. Md		d. STREET ADDRESS R. D. #1	1137111			0	RESIDENCE N A FARM?
3. NAME OF	Fire		Middle		Lost	4. DATE	44			
(Type or print)	Anna		Marie		Rymarchyk	OF DEATH		mber	Day 4.9	19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		8. DATE OF BIRTH	9	. AGE (In years lost birthdoy)			NDER 24 HRS.
Female	White	WIDOWE	DIVORCED		November 13,	1917	11 yrs.	MONTHS	Days Ho	urs Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE (Stole	or foreign cou	intry)	12. CITI	ZEN OF WI	HAT COUNTR
Housewife			None		Pennsylv	ania		U	. S	A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN N					
Stephen S	Schwallon				Teresa Mo	ticak				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. II	NFORMANT The Med		ecord Addi	ress -		
No No	(If yes, give war or dates of so	ervice)	None		e Clinical Ce				Maryl	and
	TH [Enter only one co	use per lir	ne for (o), (b), and (c).]	1 40 4 5	O O de del A de O Charles O CO	TIOOT	Devicedo			BETWEEN
	TH WAS CAUSED BY:		diac Arrest						ONSET A	ND DEATH
WIOX			drao Arrobe					-	-	
	DUE TO		tfa Haar	- T	M					
Conditions, if or					isease with m			and		
couse (o), stoting	the under DUE TO				tricuspid st	enosis	; Post-			
lying couse lost.) (c)	ope	rative stat	us.						
Z PART II. OTH	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURREI	D. (Enter noture of injury in I	Port I or Port I	II of item 18.)			
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	Not while of work		ACE OF INJURY (Home, farm clory, street, office bldg., etc.		or town)	(Ce	ounty)	(Slote)
21. I certify the alive on Dec		decease _, 125	ed fram Novemb	er_death	2, 1958, to_De occurred at 12:10	M, fram	the causes a	nd an th	ast saw t e date si	tated abav
ACTUAL	mes a.	Me	Farlend		M.D. The Clinic	al Cen			1	24/58
	AMES A. MC		ND, M. D.		National I Bethesda I			lealth		***
220. BURIAL, CREMATIO BURENONA ISPECTIVE	N. 226. DATE THEREO	4-58	St. Mary			22d. LOCATH	ON (City, town, o	le,	Penna	Stote)
23. FUNERAL DIRECTOR' ROBERT A	S SIGNATURE PUMPHRE	Y В	ethesda,	Md.		C 8 '58		TRAR'S SIGI		

uneral director, TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retainer the haspital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shouther registrar priar to burial, cremation, ar removal, and in any event within 72 hours offer death. TO HOSPITAL OR VS A15 (4) 15M 10/57

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CERT IN CATE OF BESTEE en illing the state of the stat If her come to the termination or a real transmitted to - today and a manufacture of the country of Elementaria de Parametra de Alemante de Antido The particles was in a second

		1:	£00;	y CL	KIIIIC	AIL.	OI DEF	~1111			Reg. I	ist. No		
1.	PLACE OF DEATH O. COUNTY MONTGOMER	Y			MARYLAND	2. USU a. 5	JAL RESIDENC	E (When	e decease	d lived. If institut b. COUNT		ence befo	re odmis	sion)
	b. CITY OR TOWN (If RURAL and give ne	outside carporate lim orest tawn)	its, write	c. LENGTH OF	STAY IN 16	c. (CITY OR TOWN	N (If au	side carpo	rote limits, write	RURAL and	give ne	arest tow	n)
	BETHE			6 da	VS		WAS	HTM	TON		41)	(
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, (give street	address)		d.	STREET ADDRE			01. 37.77				FARM?
3		Fin			Middle	Ц	last		GOMAY 4. DATE	Mo	- 4)			
	NAME OF DECEASED (Type or print)		heri			AMPS			OF DEATH	DEC.	22	1958		Year 19
5. 5	SEX	6. COLOR OR RACE					OF BIRTH			9. AGE (In years		RIYEAR	IF UND	ER 24 HRS.
	Female	White	WIDOW	ED DIV	ORCED 🔲	9/	22/02			last birthday)	. Months	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSIN	ESS OR INDU		Called Comme	(State a	r foreign c		12. C	ITIZEN C	F WHAT	COUNTRY
	Secre	ing life, even if retired		rs. Off	ion		San Ar	nton	io.	Texas	II.	S.A		
13.	FATHER'S NAME	ual y		11. O. I.	ICO	14. N	OTHER'S MAIL			201100				
П	Α.	A. Ware				М	argaret	t L.	Trota	nan				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURIT	IY NO. 17. I	NFORMA	ANT				dress	- 27		
110	i, no. or onenown)	If yes, give war or dates of :	iervice)		Н	ospi	tal Rec	cord	s					
=	18. CAUSE OF DEA	TH [Enter anly one co	ouse per li	ne for (a), (b), pr						C /		INT	ERVAL BE	TWEEN
		H WAS CAUSED BY:	/	311/10	111	unt	O-Conna	e A A A		en di or	WI CT	ON	SET AND	DEATH
	2043	IMMEDIATE CAUSE (c		and (700	- July W	000	7	an jorde	en sq	/	00	my,
	Canditions, if an				V		0							0
	gave rise to in		,									-		
	couse (a), stating t lying cause last.	ne under-												
Z		ER SIGNIFICANT CON		CONTRIBUTING	TO DEATH BUT	NOT RE	LATED TO THE	TERMIN	AL DISEAS	E CONDITION GI	VEN IN PA	RT 1(a)	9. WAS	AUTOPSY
CATIC		to generalization and the section of						NA.					PERFC	NO T
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJ	URY OCCURRE	D. (Enter	noture of inju	ıry in Pa	irt I ar Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Manth, Day, Ye	or 20d. II While at war	NJURY OCCURRE	fo	ACE OF ctory, str	INJURY (Hame eet, office bldg	g., etc.)	20f. (City	ar tawn)		(County)		(State)
	171	at I attended the	deceas	-0-	140		19.5 X, to	30	10.2					decease
	alive an	Like Sand	12_	LY, and	that death	occur	red at			n the causes		the da		
	ACTUAL SIGNATURE	Thisas		JOAL	1	M.D	392	1 Î	13.90	treet, city or town	State)	160	12	ATE SIGNE
	PHYSICIAN'S NAME (Type)	Stewa	rt	C1/10	PP	140	Wa	th	ing	In 15	10.0			
220	BURIAL, CREMATION		1111		CEMETERY C			2		TION (City, tawn,			(Stat	(e)
	Burial	12/24/5	8		ton Nat	.Cer				ngton, Va				
23,	FUNERAL DIRECTOR	SIGNATURE	,	ADDRESS	3 Mase	mas	ar 240.	. REC'D	BY REGIST	TRAR 24b. REG	ISTRAR'S	IGNATU	RE	
1	herry Olla	ral Fine	.0110	W 1100-	Rinto	1		FREC	9 0 16	58 C	ashun S	2 Kra	u.a.	

e funeral director, hould be filed with O FUNERAL PARTOR: After this certificate has been signed by the attending physician and campletely filled in b. he funt page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. by the hospital or attending physician. TO FUNERAL

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

ofter death. Page 4

VS A15 (4) 15M 9/55

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	THE PERSON NAMED IN COLUMN 2 A PERSON NAMED IN C	
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MARY LAND STATE DEPARTMENT OF HEALTH-BAITIMORE, IN

3 shauld

TO FUNERAL

VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13884 CERTIFICATE OF DEATH

Rea. Dist. No.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND 90m 21 b. CITY OR TOWN Af outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES INO IT NAME OF 4. DATE Month Yeor DECEASED OF DEATH (Type or print) 195 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ast burthday) Months Days WIDOWED [DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a. m. While Not while at work at work p. m. 193 of that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death occurred at _____M, from the causes and on the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 220 JURIAL CREMATION. 22b. DATE THEREO! 22d. LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

50

death: Poge 4

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remaye corbon papers. Pages 1 and 2 shauld be filed with the registror prior to buriol, cremation, or remayol, and in any event within 72 hours efter death.

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours?

the haspitol ar ottending physician

may be retoing TO FUNERAL DIR TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14022

14040

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgom	ery		MARYLAND	FI	usual residence (Who state Maryland	ere decease	b. COUNTY	on: Residence		sion)
b. CITY OR TOWN (RURAL and give n	(If outside corporate limi	ls, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If o	utside corpo	rote limits, write R	URAL and gi	ve nearest low	n) /
Bethesd			152 days		West Hyat	tsvil]	.e	1615	. 2	V
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS					SIDENCE A FARM?
	nical Cente	r. B	ethesda 14. Md		3419 Rutge	ers St	reet			NO 🔽
3. NAME OF DECEASED	Fie	st	Middle		Lost	4. DATE OF	Mon	th	Day	Year
(Type or print)	Jam	es ·	Allen		Schuler	DEATH	Dece	mber	14,	19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost, birthdoy)		YEAR IF UND	
Male	White	WIDOW	ED DIVORCED		March 12,	1953	5 yrs.	Months [Doys Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work of	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State	ar foreign c	ountry)	12. CITIZ	EN OF WHAT	COUNTRY
Child	and me, even a vernee,		None		Washing	ton, I). C.		U. S.	A.
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME				
Willis	K. Schuler				Pearl V	. Mock	cabee			
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFO	RMANT The Med	ical F	lecord Add	ress		
No	(ii) or grown and an addison in		None	The	e Clinical (Center	, Bethes	da 14,	Maryl	and
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		ne for (o). (b), and (c).] Pulmonary ede						INTERVAL BE	TWEEN DEATH
Conditions, if c	ony, which) (b		Renal failure	9					months	3
gave rise to i	immediate (
lying cause last.	(c)	Subacute glow	er	lar nephrit	is			1 year	r
PART II. OT PART III. OT 20a. ACCIDENT W. OR CONTRIBUTING (If EITHER, NOTIFY	HER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH BU	JT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	PERFC	AUTOPSY ORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURE	RED. (E	nter nature of injury in F	Part I or Part	t It of item 18.)			
Hour o. m. p. m.	RY Month, Day, Yeo	While of wor	rk Ot while	factory	OF INJURY (Hame, form, street, office bldg., etc.)			ounty)	(Stote)
actual signature Physicianis NAME (Type)	John A. Oa	19 Dal tes,	les p. M.J. Jr., M.D.	th oc M.D.	The Clin: National Bethesda	PM, from ADDRESS (Se ical (Insti 14, 1	n the couses of reet, city or town, Center Litutes of Maryland	ind on the state) Healt	e date state 12/1 th	ed above ATE SIGNED 15/58
220. BURIAL CREMATIC REMOVAL (Specify) Burial	12/18/5	8	Arlington N	or cr lat						e) L
23. FUNERAL DIRECTOR			ADDRESS			BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	NATURE	
The S. H	. Hines C	ompa	any-Washingt	on	D. C. DATEC 1	7 '58	arth	1 8 Km	NIA	

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		unional de la companya de la company	,1 .1 .1

FOR STATE HEALTH DEPT.

sory, please thor. Page our files. Health, DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessate the control of some state of the function of the control of should be to writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the function should be to writing the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State Baa its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

10	ex	4	10	20
VS.				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14041 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14023 Reg. Dist. No.

								-			
1. PLACE OF DEATH	Montgomery		MARYLANG	- 11	o. STATE MAI	(Where decease	ed lived. If institu b. COUNT			fare admi	ssian)
b. CITY OR TOWN (III and give negres) fown	outside carparate limits, write)	RURAL	c. LENGTH OF STAY IN 16		c. CITY OR TOWN	(If outside corp	porate limits, write			searest to	wn)
	Spring		10 yrs.		56 Silver	Spring					
d. NAME OF HOSPIT	AL OR INSTITUTION (II	f not in ho	spital, give street address)		d. STREET ADDRESS						ESIDENCE A FARM?
8908 Pe	enna. Ave.				/ 8908 Per	na Ave	A			YES [NO
3. NAME OF DECEASED (Type or print)	Hilda Wr	ight	Middle Scott		Lost	4. DATE OF DEATH	12/27/		Day		9 9
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	TYEAR	IF UND	ER 24 HRS.
female	col.	WIDOWE	D DIVORCED		7/4/1903		55 yrs.	Months	Days	Hours	Min.
	ON (Give kind of work d og life, even if retired)	ione 10b.	KIND OF BUSINESS OR INDU		Maryls	ind	country)	12. CIT	US		COUNTRY
	717 1 3-1			1"	. MOTHER 3 MAIDEN	NAME					
George		CESS 14	SOCIAL SECURITY NO. 17.	MIE	Irene	Brown					
[Yes, no, of unknown]	(If yes, give war ar dates of s				ldine Jack		16 Gallanash. D.C.		t. N	W.	
Conditions, if or gove rise to imme (o), stoting the couse lost. PART II. OTE 200. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.	diote couse DUE TO underlying Ct. ter SIGNIFICANT CONE	DITIONS CO	OPONERY OCCURS	I NO	I RELATED TO THE TERI	, FE XX		'EN IN PAR	T 1(o) 1		
20c. TIME OF INJUI	RY Month, Day, Yea	Whil	e Idol willie]	ACE	OF INJURY (Home, for, street, office bldg., et	rm, 20f. (City	or town)	(Co	unly)		(State)
21. I certify th		of the	remains described abcauses . Accident		, Suicide ,	Hamicide EXAMINER ICAL EXAMINE	Undete	Inquiremined in	manne	-	d in my
220. BURIAL, CREMATIC REMOVING (FOR	N. 226. DATE THEREO	E	22c. NAME OF CEMETERY COME. Zion,	OR CR	EMATORY		TION (City, town, o		, Ma	(State	•)
23. FUNERAL DIRECTOR	S SIGNATURE	den	Rockville, M	a.	24o. REC	C'D BY REGIST		STRAR'S SIC			

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The course of the same of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14042 CERTIFICATE OF DEATH

14024 Reg. Dist. No.

admission)	ın: Residence bef	lived. If institution b. COUNTY	ere deceased	2. USUAL RESIDENCE (Who a. STATE D. C.	MARYLAND		GOMERY	a. COUNTY MONT
est town)	JRAL and give no	GTON	ASHIN	c. CITY OR TOWN (If or	c, LENGTH OF STAY IN 16		est town) ON	b. CITY OR TOWN (If a RURAL and give near KENSINGT
ON A FARMS		,N.W.	AVE.	d. STREET ADDRESS 2701 CONN.	oddress) VITARIUM			d. NAME OF HOSPITAL KENSTNGTON
3 Year	25, 195	DEC. Man	4. DATE OF DEATH	SHARPE	MELVIN Middle	irst	C.	3. NAME OF DECEASED (Type or print)
F UNDER 24 HRS. Haurs Min.	Manths Days	last birthday) yrs.	1	B. DATE OF BIRTH MAY 12,188	_	WIDOWE	WHITE	MALE
WHAT COUNTRY		intry)		PENNSYLV	KIND OF BUSINESS OR INDU	dane 10b.	(Give kind of wark g life, even if retired	during most of working
		ELVIN		14. MOTHER'S MAIDEN N ELIZAB			SHARP	3. FATHER'S NAME GEORGE H.
ST.,N.W		19 SED	PE, 46	GORDON SHAR	SOCIAL SECURITY NO. 17.	(service)	N U. S. ARMED FOR	S. WAS DECEASED EVER
WAS AUTOPSY PERFORMED? YES NO D	EN IN PART 1(a)			T NOT RELATED TO THE TERMIN	; Haple	(c) C	DUE TO	200. ACCIDENT WAS
(State) w the decease stated abov DATE SIGNE	nd an the do	195	5- FOR	LACE OF INJURY (Hame, form, actary, street, affice bldg., etc.)	Not while of wark of the street from	ear 20d. IN While at wark	Month, Day, Ye	20c. TIME OF INJURY Hour a. m. p. m. 21. I certify the alive an
(State)	r county)	N.W., ON (City, town, o			Reeves 22c. NAME OF CEMETERY C ROCK CREAT	,	, ,	PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATION, BUREMOVAL (Specify)
D		ON (City, town, o WASHI AR 24b, REGIS		CEM.	Reeves 22c. NAME OF CEMETERY C ROCK CREEK ADDRESS 756 Pa, an	,	12/29/	NAME (Type)

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shother engistrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OF may be retained TO FUNERAL DIRECT VS A15 (4) 15M 10/57

death. Page 4

5 F EPORT MARE 是特殊的任任的 多种品种的类型的 可有特定的加速等的的 CHIEFICATE DE DIMENE THE PARTY OF THE P

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:	been signed by the attending physician and campletely filled in the funeral director,	itransit permit. Then please remove carban popers. Pages 1 and 2-shauld be filed with	al, and in any event within 72 hours ofter death.
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1 2	å	-+	o j

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14043

CERTIFICATE OF DEATH

14025

									Mad. Dis	140,		
1. PLACE OF DEATH o. COUNTY			MARY	AND	2. USUAL RESI			lived. If institut b. COUNTY				
	ntgomery				Maryland Montgomery							
RURAL ond give	(If outside corporate limits, nearest town)	write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Olney					Damascus							
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give	e street o	oddress)		d. STREET A			47.5		е. І	IS RESIDENCE	
Montg.	Co. Genera	1 H	lospital		10	117	Lewis	Drive		Y	ON A FARM?	
3. NAME OF DECEASED	First		Middle		Los	st.	4. DATE OF	Mor	ith	Day	Yeor	
(Type or print)	GEORGE	4	OLIVER		SHAW	7	DEATH	Decei	nber	7	1958	
S. SEX	6. COLOR OR RACE 7	MARR	IED NEVER MARRIE	0 🗆	B. DATE OF BIRT	Н	9	P. AGE (In years			UNDER 24 HRS.	
Male	White v	VIDOWE	D DIVORCED		Nov. 1	7. 1	913	lost birthdoy) 45 yrs.	Months 2	Days H	lours Min.	
100. USUAL OCCUPATI	ON (Give kind of work do	ne 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPL	ACE (Stote			12. CITIZ	EN OF V	WHAT COUNTRY?	
Carpente	rking life, even if retired)	В	uilding		Mar	vlan	d			US		
13. FATHER'S NAME					14. MOTHER'S							
01110 N	leade Shaw				Flo	in D	obooo	a Crow	n			
	ER IN U. S. ARMED FORCE	52 16	SOCIAL SECUPITY NO	17 18	NFORMANT	re v	ebecc	Add Add				
(Yes, no, or unknown)	(If yes, give wor or dates of servi	ice)				_						
Yes	WW 2		inknown	1 G	eorgia	Lee	Shaw	-wile-	same	as 2	2d	
	ATH [Enter only one cous	e per lin	e for (o), (b), and (c).]		2 1		-1	-	-	INTERV	AND DEATH	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Musoc	ar	deal	1	uga	des	ec,	3	The	
420.1	DUE TO	100					0				0	
Conditions, if	ony, which) (b)_		Corone	200	- 0	1000	non					
gove rise to	immediate (1	1							
cause (o), stating lying cause lost.	the under-			1								
	THER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DEA	TH BUT	NOT PELATED TO	THE TERM	NIAL DICEACE	COMPLETION CO	(F) (I) (D A DY	14-110-1	MAS AUTORS	
E	THER STOPANTERS TYPE COTABLE	2	77.	m ogn	NOT KELATED TO	THETERMI	MAT DISEASE	CONDITION GI	EN IN PAKE	F	PERFORMED?	
D ACCIDENT		70	my c	en	noge					YE	ES NO	
G (IF EITHER, NOTIFY	G CAUSE OF DEATH MEDICAL EXAMINER)	DESC	CRIBE HOW INJURY OC	CURREL). (Enter noture o	f injury in F	Part I or Port	II of item 18.)				
3 20c. TIME OF INJU		20d. IN	IJURY OCCURRED	20e. PL/	CE OF INJURY	Home, form	, 20f. (City o	or town)	(Ce	unty)	(State)	
Hour a.m.	19	While of work	Not while	fac	tory, street, office	bldg., etc.)			,,	(
				, /	PV	- 4	0	77 6		_		
21. I certify t	hat I attended the d	lecease	ed from		1940	, to	و مهد	19	that I lo	st saw	the deceased	
alive an	£-6	, 19 <u>J</u>	and that	death	accurred at	PA	_M, from	the causes of	and on the	e date	stated abave.	
	£ 1 .							eet, city or town,			DATE SIGNED	
SIGNATURE	arksel	un	man	U.	WB /	La	ille	and	ring	, 1	2-7-1	
								/	USA		dd.	
PHYSICIAN'S NAME (Type)	ack Schuma	che	r		Gai	ther	sburg	. Mary	land			
	ON, 22b. DATE THEREOF		22c. NAME OF CEME	TERY OF	CREMATORY		22d. LOCATION	ON (City, town,	or county)		(Stote)	
REMOVAL (Specify Burial	92/10/58		Derwood (Tem	atoru	7.		ood. M		nd	(0.0.0)	
23. FUNERAL DIRECTOR			ADDRESS	Jenn's	ccciv	240. REC'S	BY REGISTR		STRAR'S SIGN			
		, n		M								
Robert A	Pumphrey	В	ethesda.	ma.	ryland	DATEC	1 0 '58	Cull	wy 8. 44	aud		

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No.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14044 CERTIFICATE OF DEATH

14026

Reg. Dist. No.

Montgomery (If outside corporate limiteorest town) TAL (If not in hospitol, g	its, write	MARYI	LAND	usual residence (Who a. STATE District of	columb	ived. If institution is COUNTY	n: Residence	before admi	ssion)
(If outside corporate limiteorest town)	its, write	c. LENGTH OF STAY							
	100		ון פו אוו	c. CITY OR TOWN (If o	utside corporo	e limits, write RL	IRAL ond giv	e negrest tov	vn)
TAL (If not in hospital, g		3 days	1	Washington,			47 Y	- 3	
	give street oc	ddress)		d. STREET ADDRESS					SIDENCE
al Center,		sda 14, Md		4516 Alton	Place,	NW			A FARM?
Berna		Middle Paul	TOTAL	Sheehy	4. DATE OF DEATH	Decemb		Doy 12	Yeor 19 58
6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D 8. D	ATE OF BIRTH	9.	AGE (In years			
White						4/ yrs.	Months D	oys Hours	Min.
ON (Give kind of work	done 10b. Ki	IND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Stote	or foreign cour	ntry)	12. CITIZI	EN OF WHA	T COUNTRY
-	_	aundry		District	of Colu	mbia	U	S.A.	
			1.						
v				Hannah Wal	sh				
		OCIAL SECURITY NO.	17. INFO			cond Addre	:55		
(IT yes, give war or dates or s		8-09-9360						Mamrls	nd
ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ony, which mmediate	CA	RACHEA	A C	OBSTR		& Moc	TH	ONSET ANI	EAR
HER SIGNIFICANT CON	DITIONS CO				NAL DISEASE C	ONDITION GIVE		PERF	AUTOPSY ORMED?
AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OC	CURRED. (E	nter noture of injury in P	ort I or Port II	of item 18.)			
19	While of work [Not while ot work	toctory,	street, office bldg., etc.]					(Stote)
ember 12, The Lore L. THEODORE L.	., 1958 	friend, M	M.D.	The Clin Nationa Bethesd	•M, fram to ADDRESS (Street Inical () Institute Inical () Institute Inical () Inical (he causes ar it, city or lown, si center tutes of aryland	nd an the	date state 12/13	ed abave ATE SIGNED 3/58
	G. COLOR OR RACE White ON (Give kind of work a ching life, even if retired life). FR IN U. S. ARMED FOR (II yes, give war or doles of some mediote the under life). HER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER. RY Month, Doy, Year or doles of some life life life. THEODORE Learner Learner life.	White WIDOWED ON (Give kind of work done on the control of the con	6. COLOR OR RACE White White Widowed Developed Divorces ON (Give kind of work done low low low low low low low low low low	White WIDOWED DIVORCED A. White WIDOWED DIVORCED A. ON (Give kind of work done tring life, even if retired) A. ON (Give kind of work done tring life, even if retired) Laundry Laundry TR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOINT 17. INFOINT 18. INFOINT 19. I	Bernard Paul Sheehy 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH April 4, 190 ON (Give kind of work done life, even if relired) ON (Give kind of work done life, even if relired) Laundry District Laundry District 14. MOTHER'S MAIDEN N Hannah Wal ER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Med The Clinical C ATH (Enter only one couse per line for (o), (b), and (c).] ATH WAS CAUSED BY: ONLY Which immediate the under (c) HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN MEDIATE CAUSE OF DEATH MEDICAL EXAMINER) AS UNDERLYING 19 While of work 19 While of work 19 Of wor	Bernard Paul Sheehy Death 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White WIDOWED DIVORCED April 4, 1909 ON (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign courting life, even if relired) Laundry District of Column Hannah Walsh ER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Reference of the work of date of service) 578-09-9360 The Clinical Center, ATH [Enter only one couse per line for (o), (b), and (c).] ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO CARCINOMA OF TOWER OF the under the under lob lough of the under lob lough of the under lob lough of the under lob lough of the under lob lough of work lob low or work lob low of work lob of work lob low of work lob low of low of work lob. AS UNDERLYING 19 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II low low of work lob low of work lob.) ADDRESS (Street Lob lob) The Clinical Center, low while low work low of work low of work low of work low of work low of work low of work low of work low of work low of work low of work low of work low of work low work low of work low of work low of work low of work low of work low of work low of work low of work low low low low low low low low low low	Bernard Paul Sheehy Death December 1. Dece	Bernard Paul Sheehy OF ATH December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) 15 UNDER 1' 100 1	Bernard Paul Sheehy DEATH December 12 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1909 9. AGE (In years) IF UNDER 1 YEAR IF UNDE NITE ON THE PROPERTY OF THE P

HEARD SO AT ADENTICATE 12-15-1858 EATE OF HEAVEN MARKARD westy Hankon 3030 the Cur 11 W M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is incessory, please execute the conficate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral sctor. Page 4 should be thinwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, are its designated agent, prior to burial, cremation, or removal, and in any event-within 72 hours ofter death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH 41018

14027

I, PLACE OF DEATH	Montgomery		MARYL		o. STATE Ma	E (Where decea	sed lived. If insti b. COUN	TV	ontg.		ission)
b. CITY OR TOWN and give natreil lov Geril	Ill outside corporate limits, write #	- 1	c. LENGTH OF STAY IN	116	c. CITY OR TOWN		porate limits, writ (rural)	RURAL o	nd give	neorest to	wn)
d. NAME OF HOSPI	TAL OR INSTITUTION (IF	not in hospil	tal, give street address)		d. STREET ADDRES	ss Llle Ros	d			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Alfred	Edw	Middle ard Smit	h	Lost	4. DATE OF DEATH	Mon Deo 2		Doy 958		(eor
male	6. COLOR OR RACE 7	MARRIED VIDOWED			TATE OF BIRTH		9. AGE (In years lost birthday) 42 yrs.	Months	R I YEAR Days	Haurs Haurs	ER 24 HRS Min.
during most of work	ION (Give kind of work doing life, even if refired)	ne 10b. KIN	ND OF BUSINESS OR IN	IDUSTRY		tote or foreign o	country)	12. C	TIZEN C		COUNTRY
13. FATHER'S NAME Cha	rles Smith			1	Jewel Duf						
15. WAS DECEASED E	VER IN U. S. ARMED FORC (It yes, give war or dates of serv		OCIAL SECURITY NO.		Porothy V	. Smith	Rock	ville	, M	i.	
Conditions, if gave rise to immit (a), stating the cause last.	DUE TO ony, which ediate cause underlying DUE TO (c)	Multi) Auto	ure of skul ple Injurie Accident	8, 6	extremw				8	Sudde	n
20g, EXTERNAL CA	THER SIGNIFICANT CONDITIONS (1995)		HOW INJURY OCCURR					VEN IN PA		PERFO YES	AUTOPSY PRMED? NO
PRIMARY 10 or CO CAUSE OF DEATH 20c. TIME OF INJU 9 128 o. m.	JRY Month, Day, Year	Was d:	river of ca	r ir	wolved in	form, 20f. (City	nt		aunty)	nontg	(Stote)
	hat I taak charge of resulted fram: No							, Inquermined	mann		d in my
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Frank J. Bro	Syron oschar	rt et	A	ASSISTANT ME	L EXAMINER DICAL EXAMINE CAL EXAMINER [R 🗆	12/22	/58	DATES	IGNED
REMOVAL (Specify Burial	12/26/58	27	2c. NAME OF CEMETER Lincoln				TION (City, town,	Md.		(Slate	1)
23. FUNERAL DIRECTO	L' Sur	de	ADDRESS Rockvil	le,	a de	DEC 3 0 '5	RAR 24b. REG	STRAR'S S			

CALLS ANDROAL EXAMINER'S GERMHOATE OR DRATE. TIN Ha tight space in the tight, against sent and the execution and the company of th The transfer of the self of th

TO FUNERAL DI

death. Page

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	MEDICAL CERTIFICATION	15	13	10	5.	3.	-		1.	
		. \ /es.). F)a.	51	N D	d	Ь	0	

Reg. Dist. No. ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Montgomery Marvland b. COUNTY Montgomery MARYLAND CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rethesda vrs. Bethesda NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE 5211 Locust Ave.. ON A FARM? 5211 Locust Avenue YES NO AME OF Middle Last 102-29-58° Year Carrie T. Smith OF vpe or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF RIRTH 9. AGE (In years lost of the day) White Hours Female 2-25-1867 WIDOWED A DIVORCED [USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Housewife Own Home Maryland ATHER'S NAME 14. MOTHER'S MAIDEN NAME Eliza? Elias Stottlemyer WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as #2 No Smith -Son -Mark O. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2rteriosciencis YES | NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) Haur a. m factory, street, office bldg., etc.) Nat while at work at work 21. I certify that I attended the deceased fram_ OC+ , 19 50, to 29 Dec , 19 18, that I last saw the deceased 19 38, and that death accurred at 423P M, from the causes and an the date stated above. DATE SIGNED 12/29/58 ACTUAL Mo. 7659 Old Georgetown Rd. Bethesda. Mary land SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) REMOVAL (Specify) Smithsburg Cemetery Smithsburg. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus Robert A. Pimphrey, Bethesda, Md. DATEJAN 2



HORDEATH	18-21-14-20-0	
	CONTRACT	
	A SALE OF SALE	
		S. T. Maries Miller
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South Committee of the	WAS ONLY TO HE SHALL BE	
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14047 **CERTIFICATE OF DEATH**

						Mad' Dis	1. 110	
1. PLACE OF DEATH o. COUNTY Montgomer	:y	MARYLAND	2. USUAL RESIDENCE	(Where decease		on: Residence		ssion)
b. CITY OR TOWN (RURAL ond give n	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	prote limits, write R	URAL ond gi	ive nearest tov	vn) V
Bethesda		5 days	Laurel		16	.41.2		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree	et oddress)	d. STREET ADDRES	is .			e. IS RE	SIDENCE
	val Hospital		811 Main	Street				A FARM?
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	Nancy	Eileen	SMITH	OF DEATH	Decei	nber	13	19 58
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UND	
Female	White wipor	WED DIVORCED	1-27-56		2 yrs.	Months [Doys Hours	Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work done 10 rking life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	itale or foreign c	ountry)	12. CITI2	ZEN OF WHA	T COUNTRY
None	and the contract		Maryl	Land		U	I.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
Hugh Melv	rin SMITH		Mary CLA	ARK				
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress		_
No		None	Official Nav	y Recor	ds			
204, 3 Conditions, if a gave rise to i cause (of, stating lying cause lost.	the under-	acute.	el him leuken	uco	rge		ONSET ANI	mo,
ICATI		SCONTRIBUTING TO DEATH BUT				'EN IN PART	PERF	AUTOPSY OPMED? NO
G (IF EITHER, NOTIFY	RY Month, Day, Year 20d.		ACE OF INJURY (Home, ctory, street, office bldg.,	form, 20f. (City	or town)	(Ca	ounty)	(State)
21. I certify the alive an De control signature PHYSICIAN'S NAME (Type)	hat I attended the decedember 13 , 19 Loward C. Howard A. PEAR	osed from December 58, and that death	M.D. U. S. N	ADDRESS (SI	n the causes of treet, city or town, spital,]	and an the	e date stat	e decease ted above PATE SIGNE: 13-58
Jaurial (12-17-58	22c. NAME OF CEMETERY C		22d. LOCAT	TION (City, town, o		rginia	ite)
R. A. Pump		ADDRESS [ome, Bethesda,		DEC 1 7 5	0	STRAR'S SIGI		

MEASE SO STASPILLED CANCEL S Jewell , 201 4 9 9 DECEMBER OF THE LOCAL PROPERTY OF THE PARTY A CONTRACTOR OF THE STATE OF TH

FOR STATE HEALTH DEPT. rar. Page our files.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH 12002

14030

13003 MEDICAL EXAMINER	Reg. Dist. No.
1. PLACE OF BEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY) ONLOOMEN MARYLAN	o. STATE MOVY And b. COUNTY DONIGOMERY
b. CITY OR TOWN (If outside copposite limits, write RURAL c. LENGTH OF STAY IN 1	
end pine necresi town)	Silver Spring 56
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
Washing Ton Sanilarium + Hospila	8029 EasTern ave VES NOS
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year
(Type or print) (acob N.M.N.)	Solomon DEATH 12 - 14 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yells) 15 UNDER 1YEAR IF UNDER 24 HRS. 10st birthdgyl Months Days Hours Min.
Mile WIDOWED DIVORCED	14-6-73 65 yrs.
10a. USUAL OCCUPATION (Give kind of wark done of the local l	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Engineer U.S. Govt	England Remerica
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Solomon	Mose Beeva
	. INFORMANT Address
(If yes, give war at doles of service)	nrs lessie Solomon-Wite - same alle
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL DETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1120	turing surlown
DUE TO	
Canditions, if any, which by gove rise to immediate cause	
(a), stating the underlying DUE TO	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED? YES NO 2
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED PRIMARY OF CONTRIBUTING	. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P White Not white at work at work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)
21. I certify that I taak charge of the remains described al	bave, held an Autopsy , Inspection , Inquiry , and in my
opinian death resulted fram: Natural causes X, Acciden	
7	
SIGNATURE Trand Droschart	M.D. CHIEF MEDICAL EXAMINER []
1	ASSISTANT MEDICAL EXAMINER
RAMINER'S FLANK J. Brosehart	DEPUTY MEDICAL EXAMINER 12-14-58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	GR-CREMATORY - 22d. LOCATION (City, town, or county) (Stote)
Burial Dec. 15, 1958 King David	1 Memorial Garden - Falls Church Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS .	24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
Bernard Danzansty + Sons - 3501-14 15	St. N.W. DATE DEC 1 7 '58
DOT MORE SOUTH TO 15 15 15 15 15 15 15 15 15 15 15 15 15	DE. N.W. DATE DEC 1 7'58 Cothun & House

TO DEPUTY MEN. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nest execute the certained, withing the ward "pending" in pending them, 18. Give Pages 1, 2, and 3 to the funeral distance to the chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a build-transit permit. File pages 1 and 2 with the State Baar ar its designated agent, prior to burial, cremation, or removal, and in gay event within 72 hours after death. VS. ATSME 5M 2/57

CARRY WEDICAL EXAMINER'S CERTIFICATE OF DUATH The Mark CD Agreement of the Constitute Additionally and the Constitution of the Agreement Agreement and the Constitution of t Branch College College College

Reg. Dist. No.

4031

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
3	•	MAN TE MARYLAND	a. STATE b. COUNTY monte
	ь	. CITY OR TOWN III outside corporate limits, write BURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
		and give nearest town	V B TO 1
		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE
3	,	2 - 1 -1 -1	ON A FARM?
	-	4400 Dalong has aff 402	4900 Balury La YES NO 1
	3.	NAME OF First Middle	Last 4. DATE / Manth Day Year
	. (Type or print) Marshall her Shee	cer DEATH /2- 15- 1958
9	5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8.	DATE OF BIRTH 9. AGE In years lost birthday) 1F UNDER 1YEAR IF UNDER 24 HRS.
		male white WIDOWED DIVORCED	10-1-31 27 yrs. 2 14 1005 min.
	10a	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTI uring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Atude +	STC. MSG
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
М		mand al Solumi	man F Bana
4	15.	WAS DECEASED EVER IN U. S. ARMED/FORCES? 16. SOCIAL SECURITY NO. 17. IN	HORMAN Norbory Address
	jYes	no, or unknown) [If yes, give wor or dayles of service)	Nebitem
	Y	es USAF 577-38-716 000	het Browning 35 Est. N.W. Wants Je
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	acrown tressure tures
		331X DUE TO O	1 4 0
		Canditions, if any, which) the subserverible	lu semorrhera unprom
		gave rise to immediate couse DUE TO	0001
		(a), stating the underlying cause last.	rul Tenorpale Justion
	Z		OT RELATED TO THE TERMINAL DISEASE CONDITION (WEN IN PART 1(0) 19, WAS AUTOPSY
	VIIO		PERFORMED?
	CERTIFICATION	200 EXTERNAL CALISE WAS 20th DESCRIBE HOW INVIEW OCCURRED IS	NO
	ERTI	200. EXTERNAL CAUSE WAS PRIMARY GO TO CONTRIBUTING CAUSE OF DEATH.	mer notice of injury in Part 1 or Part 11 at tiem 15.)
	-		
3	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLAC Haur a, m. While Nat white	E OF INJURY (Home, farm, i 20f. (City or tawn) (Caunty) (State) ry, street, affice bldg., etc.)
	ME	p. m. 19 Ol work at work	
		21. I certify that I took charge of the remains described above	ve, held an Autopsy 🛴, Inspection 🔲, Inquiry 🗍, and find that
Н		death resulted fram: Natural causes, Accident, Suice	cide , Homicide , Undetermined cause .
		ACTUAL & 10 Boot &	CHIEF MEDICAL EXAMINER
		SIGNATURE GLACIO VI MATINEZI	_M.D. CHIEF MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER []
-		EXAMINER'S FLANK J. Broschant	11 (2013)
	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
		Burial Dec. 19,1958 Ft. Linco	In Prince George County, Md.
-		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
U	R	obert A. Pumphrey, Bethesda, Md.	DATEDEC 1 9 '58 arthur S. Kraus
-	-		

ar removal. VS. A15ME(5) 5M 9/55

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Mary	a property of the second	9 15713937	and the terms		
			and the terms		
e i tendra venisa			24177		
e i tendra venisa			24177		

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relatived, the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the uneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A1S (4) 15M 9/55

		ivo	OU CER	IIIICA	L OI DL	7111		Reg. Dist.	No.	
	COUNTY Mont	gomery	MA	ARYLAND 2	o. STATE	E (Where decear	sed lived. If institut b. COUNTY		before admission)	
	CITY OR TOWN (III RURAL and give ne Takoma Pa	f autside corporate limits, writarest tawn) **PK** **TK** *	c. LENGTH OF ST.	AY IN 16	c. city or town Takoma		porate limits, write l	RURAL and giv	re nearest town)	
	OR INSTITUTION	AL (If not in hospitol, give str Nursing Home	reet address)	- /,	d. STREET ADDRI 7300 Balt		venue		e. IS RESIDER ON A FAI YES NO	RM?
DI	AME OF ECEASED ype or print)	GERTRU	Mid OE	ldle	STERI	4. DATE OF DEAT	70		Day Yeor 23 19	
5. SE	X	6. COLOR OR RACE 7. A	AARRIED NEVER MAI		DATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24	
F	emale	White win	OWED DIVOR	CED S	ept. 19,	1869	last birthdoy)		ays Hours 1	Min.
	during most of work	ON (Give kind of work dane ing life, even if retired) OVT. Empl.	10b. KIND OF BUSINESS	S OR INDUSTR		(Stote or foreign			EN OF WHAT CO	UNTRY?
13. F	ATHER'S NAME				14. MOTHER'S MAI	DEN NAME				
1	Simon Ste	rn			Betty K	atz				
15. W {Yes,	VAS DECEASED EVE no. or unknown)	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY		SOL Ros	enblatt	-3410 Bro	ad Bran	ich Terr.	, NV
-	Canditions, if a gove rise to it case (o), stating lying couse last.	mmediate DUE TO (c)	generaliz	ed a	tenos	clur	6		5 year	ys w
TIFICATION	493 X	S UNDERLYING 206.	DESCRIBE HOW INJURY					VEN IN PART I	PERFORME YES NO	ED?
0	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	w	Od. INJURY OCCURRED /hile Not while work of work		OF INJURY (Home y, street, office bld		ity or town)	(Co	unity) ((Stote)
1 1	21. I certify th	at I attended the dec	- (nat death a	, 19 <u>49</u> , to					
	ACTUAL SIGNATURE	mis ARe.	senberg		2025		(Street, city or town			SIGNED
	PHYSICIAN'S NAME (Type)		0							
	BURIAL, CREMATIO		22c. NAME OF C				ATION (City, town,		(Stote)	
-	Burial	Dec. 24,195		ton Heb	rew Cong.		Washington		D.C.	
23. F	UNERAL DIRECTOR	s signature v & Sons–3501.	ADDRESS	A2 707		REC'D BY REGI		ISTRAR'S SIGN	10	
Do	Dalizalisk	A C DOUR-220T	LATH ST.	N - W -	DAT	TE 1116 2 9	30	Thurs &	Thatta	

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Market . Little		
parent parent in the second		

VS A15 (4) 15M 9/55

14033

14049	CERTIFICATE	OF	DEATH

14114	3			Keg. D	ist. No.
1. PLACE OF DEATH O. COUNTY Mout gouley	MARYLAND	2. USUAL RESIDENCE (WO. STATE)		b. COUNTY MEN	nce before admission)
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 2 WKS.	565ilver	outside corporate li	mits, write RURAL ond	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION POOR FOUND	1	d. STREET ADDRESS	lesuille	Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	George	sterzer	4. DATE OF DEATH	Month /2 ·	Doy Yeor 30 1958
M WIDOWE		8. DATE OFBIRTH Sept24- 188	9. AC los	GE (In years of UNDE the birthday) Months Months	PAR IF UNDER 24 HRS. Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 50/85 Monager Ba	kind of Business or Indu kery Products	1111 - ()	or foreign country	12. ci	TIZEN OF WHAT COUNTR
John Sterzer		14. MOTHER'S MAIDEN	NAME Ru	ppe/	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no, or unknown) (If yes, give war or dates of service)	11	Sp. Record	s & Wi	Address	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stating the under-	myreard	according	etim u, aar	Ta .	INTERVAL BETWEEN ONSET AND DEATH 30 min,
Jying couse lost. (c) VO	ONTRIBUTING TO DEATH BUT			dianase	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO L
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 1B.)	
Hour a. ft. While	UURY OCCURRED 20e. PL Not while of work	ACE OF INJURY (Home, forr tory, street, office bldg., etc	n, 20f. (City or to	va) (County) (State)
21. I certify that I attended the decease alive on	R, and that death	, 19 5 4, to occurred at 3.130	M, from the ADDRESS (Street, c	causes and on I	last saw the decease the date stated above DATE SIGNE
220. BURIAL, CREMATION, 22b. DATE THEREOF 1/2/58	22c. NAME OF CEMETERY OF			City, town, or county) GEORGE COU	(Stote) NTY, MD.
RAYMENT DIRECTORS AIGHNTUREY, INC.	SILVER SPRING	, MD . 24a. REC	D BY REGISTRAR	24b. REGISTRAR'S SI Carthung S. Ho	

					7.3	
14.4		•				DITTE CANADA
			MATTER OF			
			Day Street or 12			
		200				
					Day service of the	
	No.					
*	,			A MATERIAL CONTRACTOR	32)	
						Howard Boom Allega

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13887 **CERTIFICATE OF DEATH** Reg. Dist. No. 14034

1.	PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY				
	b. CITY OR TOWN (If outside corporate limits /wri RURAL and give nearest town)	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	arparate limits, write I	URAL ond gi	ve nearest tow	n) \
Ŀ	Takoma Park	6 days		ช m	47 X	~ ~	
	d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet oddress)	d. STREET ADDRESS	51.	-	ON	SIDENCE A FARM?
	Washington Danitar	10m + Hospital	834 Xenia	J.P. J.	<i>E</i> ·	YES [] NO []
3.	NAME OF First DECEASED (Type or print)	Kathleen	Swabon 4. DA		1th 2 -	Day	Yeor 1958
5.	SEX 6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		YEAR IF UND	
	temale white wind	OWED DIVORCED	9-5-1902	lost birthday) 56 yrs.	Months I	Days Hours	Min.
10	USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZ	ZEN OF WHA	COUNTRY
	Hause Wife		Pennsylvai	nnia		4.5.0	2 -
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	adam Gorman		Holon Gus	taitis			
15.	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Add	ress	Tribble	
IA.	II, no. or unknown)	14.	usband . & Hosp	b. Recor	-ds.		
	18. CAUSE OF DEATH [Enter only one cause po	er line for (o), (b), and (c).]	DP.			INTERVAL BE	ETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Olrshosis	of Lever			14/2	
	DUE TO	at 1 cnl				1/110	1.
L	Conditions, if ony, which) (b)	derose (101				446	arr
	gove rise to immediate couse (o), stating the under-						
	lying couse lost. (c)						
O	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GI	VEN IN PART	1(a) 19. WAS	AUTOPSY DRMED?
CATION						YES [
CERTIF	20a, ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or	Part II of item 18.)	a Pi		
		d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f.	(City or town)	IC	ounty)	(State)
MEDICAL	10	hile Nat while for	ctory, street, office bldg., etc.)		,		
5		1	25/ 1000	1	/		
	21. I certify that I attended the deci		, 1956, 10 Dec 1			ost sow the	
	alive on Killer 6 , 1	9-2-1 (and that death	occurred of 1/1/0/AM, f			11	
	ACTUAL SIGNATURE LOTS WWW.	los mo	M.D. 837 Borula	(Street, city or town,	way Ame	yxd. 1.	ATE SIGNE
	PHYSICIAN'S NAME (Type) 1 1 Bill	ARDROP	837Bohil	intst. Si	WER !	Spring	= Nd
22	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 224 10	CATION (City, town,	or county)	(Sto	te)
1	3 12-19-57	alingto	mate &	X m	yeu	, Va	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /-	240. REC'D BY RE		STRAR'S SIG	NATURE Travel	11
1	attilling.	10 West	DESE DAT DEC 19	30	20. 1	C. Darwood	72.70

TO FUNERAL DI page 3 should be VS A15 (4) 15M.9/55

TO HOSPITAL

A THE REPORT OF PERSONS ASSESSMENT OF THE PERSON OF THE PERSON ASSESSMENT OF THE PERSON OF THE PERSO But after the many of the EBKCOUNT!

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VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14035

CERTIFICATE OF DEATH 14050

Pan	Diet	No	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE						
Montgomery	MARYLAND	District of Columbia						
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside carporate limits, write RURA	AL and give nearest town)				
Bethesda	30 days	Washington, D.C. 47x.3						
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS e. IS RESIDEN						
The Clinical Center, Bet	hesda lh. Md.	5104 1	2th Street, NE	ON A FARM? YES NO				
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year				
(Type or print) Blanche	Beatrice	Swann	OF DEATH Decembe	- 1 -10				
S. SEX 6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH	9. AGE (In years IF last birthday) M	UNDER 1 YEAR IF UNDER 24 HRS.				
Female Negro WIDOW		April 15, 190	8 last birthday) M	anths Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of wark done 10b.	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY				
during most of working life, even if retired) Domestic	lousekeeping	District o	f Columbia	U. S. A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME					
Robert Ward		Georgia	Montgomery					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no. or unknown) [If yes, give wor or dates of service]	SOCIAL SECURITY NO. 17.	INFORMANT The Med	ical Record Address					
			nter, Bethesda					
18. CAUSE OF DEATH [Enter only one cause per li				INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	remia			ONSET AND DEATH				
151X IMMEDIATE CAUSE (a)	wind	_		1 mo.				
Canditians, if any, which)	anima aman	Altho Stam	rach with	7 4				
gave rise to immediate	occive-ive	fine sur	aur war	: 1 mo				
cause (a), stating the <u>under-</u> lying cause last.	retastasi	sto bone	marsair					
(c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY				
ATIO				PERFORMED? YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	art I ar Part II of item 18.)	THE NOTE				
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)				
Haur a. m. White at war	Nat while fo	ctory, street, affice bldg., etc.)		(5.5.0)				
21. I certify that I attended the decease		26 1058 . De	cember 26.58					
alive an December 26 , 19 5	ed from the value of	20, 1920, 16 150	COMPOT 29 19 20 , N	hat I last saw the deceased				
drive on December 20	20, and that death		.M, from the causes and DDRESS (Street, city or town, stat	an the date stated above				
ACTUAL LAST	7440	m. 07.4	ical Center	DATE SIGNED 12/27/58				
SIGNATURE TO TECS . (V)			Institutes of					
PHYSICIAN'S ROBERT C. HOYE.	M.D.		ll. Maryland	nearch				
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, tawn, or co					
REMOVAL (Specify)				ounty) (State) Md.				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	morial	Suitland By REGISTRAR 246, REGISTRA	AR'S SIGNATURE				
Tally - Piling	c 3015 1	200 AL DATE DE		hur S. Kraers				
NAINE	2 .10/.5 /	X DINE DIE	a de de de de de de de de de de de de de	my S. Thanks				

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		TIO.		
	THE RING STREET	255		Market Control of the Control
				MARKET OF THE PARTY OF THE PART

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14051 **CERTIFICATE OF DEATH**

14036 Reg. Dist. No.

1. PLACE OF DEATH COUNTY	nery	MARYLAND	2. USUAL RESIDENCE (V		f institution: Re: COUNTY	sidence before ad	mission)
Silver	(If outside corporate limits, write learest town) OPING	c. LENGTH OF STAY IN 16		outside corporate limite gton, D.C		ond give nearest t	own) V
d. NAME OF HOSPI OR INSTITUTION Fairland			d. STREET ADDRESS	onroe St.		01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Mary	Edna Edna	Taylor	4. DATE OF DEATH	Dec	18, Day	Year 19 58
s. sex Female	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 11/21/90	9. AGE (In years rthday) Man yrs.	ths Doys Hou	
100. USUAL OCCUPATION of working most of working most of working the Housew	ON (Give kind of work done 10th rking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S16)	te or foreign country)	12	. CITIZEN OF WH	IAT COUNTRY?
13. FATHER'S NAMEFOX			14. MOTHER'S MAIDEN Unkn				
35. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Frances E.	Taylor	Address Same	as #2	
CATIC	the under DUE TO (c)	V				PEI	Types AS ABTOPSY REORMED? NO
20c. TIME OF INJUST Hour o. m.	G CAUSE OF DEATH / MEDICAL EXAMINER) RY Month, Doy, Year 20d. While	e Not while fo	D. (Enter nature of injury in ACE OF INJURY (Hame, for ctory, street, office bldg., e	rm, 20f. (City or town)		(County)	(Stote)
	Seryanne Benjamen	4 (n occurred of 5	Mofram the co	auses and a		
220. BURIAL, CREMATIC REMOVAL (Specify	12/22/58	22c. NAME OF CEMETERY C	Ceme tery	22d. LOCATION (City Prince G	orges		State) Md.
23. FUNERAL DIRECTOR The S. H.	r's SIGNATURE Hines Compan	2901 14th y Washington	St. N.W.	C'D BY REGISTRAR 2	4b. REGISTRAR		

may be retained by the haspital an attending physician.

DefuneRal DARECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retain TO FUNERAL DX

death. Page 4

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	Addition of the Control		A CONTRACTOR
	LILLS TO be U	34 (13/31)	
			A STATE OF THE STA

		7.30	UN	98171				•		Reg. [Dist. No.		
1. PL o.	ACE OF DEATH COUNTY	omerv		MAI	RYLAND	2. USUAL RESID			b. COUN	TY	ence befo	re admis	sion)
) b.		outside corporate limits	, write	c. LENGTH OF STA	Y IN 1b				ote limits, write		give nec	arest low	n)
		esda		4 days		Wa	shin	rton		11.7	X - '	3	
d.	OR INSTITUTION	AL (If not in hospital, gi				d. STREET AC	DRESS			uli anni india		ON	SIDENCE A FARM?
- A1	AME OF	rban Hospi	- 44	44.44	<u></u>		14 1	4. DATE		treet			
DI	ECEASED	Firs		Widd	le .	Lost		OF DEATH		lonth	Da	y	Yeor
	ype or print)	Jessi				Thaxto	n			mber	25,	15 445 45	19 58
s. SE	:X	6. COLOR OR RACE	/- MAR	RIED NEVER MARI		B. DATE OF BIRTH			9. AGE (In year lost birthdo)	Months		Hours	ER 24 HRS.
F	Pemale	White	WIDOW	ED DIVORO	ED T	9/20/9	7	911	61 y	rs.			
00.	USUAL OCCUPATIO	N (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLA	CE (Stote	or foreign co	untry)	12. C	ITIZEN O	F WHA	COUNTRY
	lerk	ing iire, even ir remed)	N	aval Annex		Mis	siss	ippi		U	.S.A		
3. F	ATHER'S NAME					14. MOTHER'S			100			-	
	Tohr	Dennis Sm	177			Jes	oie	Ailene	McComb				
£ 14		IN U. S. ARMED FOR		SOCIAL SECURITY N	0 17 1	FORMANT	910	TTOHO		ddres800	C 03	l	-ale D
Yes,	no. or unknown)	If yes, give wor or dotes of se											
N	0			424-10,-83	503 A	nna V. S	chul	dt .		Bet	hesd	a, M	arylar
1	8. CAUSE OF DEA	TH [Enter only one cou	se per li	ine for (0), (b), and (0	c).]						INT	RVAL B	ETWEEN
1	PART I. DEA	TH WAS CAUSED BY:	(00	C 12 200 10	70-11		0				ONS		DEATH
1	1501	DUE TO		-	1.115164								- F 1112
	1001												
	Conditions, if or												
	gove rise to it												
	lying couse lost.	(c)			37116								
z	PART II. OTH	ER SIGNIFICANT CONE	ITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	GIVEN IN PA	ART 1(o) 1	9. WAS	AUTOPSY
CATION													ORMED?
	20a ACCIDENT WA	S LINDERLYING T	20h DES	CRIBE HOW INJURY	OCCUPRED	/Fnter nature of	iniusy in I	Port Lor Port	II of item IR)				,
CERTIF	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		TEMBE TIOTY INSORT	OCCORNED	. (Liner nature of		0,, , 0, , 0,,					
					L								
MEDICAL	Oc. TIME OF INJUR'	Month, Doy, Yea		NJURY OCCURRED		CE OF INJURY (H tory, street, office			or town)		(County)		(Stote)
	p. m.	19	While of wo										
1				16 16 0	65	10E D			105			- 4	
-1		at I attended the				. 1952							
1	alive an	3.34	_ 12_	38 , and the	at death	accurred at_					the da		
	40	lineri R	Arz	me-			1	ADDRESS (SI	reet, city or tov	rn, stote)		D	ATE SIGNE
	ACTUAL	0.,				io. Wa	shr	neils	m Ch	nec.			
	B.	0,0 , 0	C		-			9	-2-6-6	/	~		
	PHYSICIAN'S NAME (Type)	merb "	1 6			14/	in Ve	my all	is at 1	Vesco	reser	MI	U.D.
		- Look DATE VILENCO		N		b. H. o.k	Colc de S	ILA_YYA	2.4.1.	Trace.			
120.	REMOVAL (Specify)	N, 22b. DATE THEREO	.59	22c NAME OF CE	METERY OF	CREMATORY	1	22d LOCAT	ION (City, low	n, or county	1	Sto	le)
1	Sunar	TWICH T-		3/ 4/6 CECH	145	4 Carrie	rery	Me	inun	yna	11/1	LEC-	C 6017
3. F	UNERAL DIRECTOR	SIGNATURE	3.	ADDRESS /	,			N REGIST		GISTRAR'S			
11/	11/11/	hon &	The second	77 1176	20	SE	DATE	DEC 2 9	'58	E wow	2. 10	(ALEM)	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 a funeral director, nould be filed with may be retained by the hospital or attending physician.

TO FUNERAL DIL ECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shbuld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sh the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL P. VS A15 (4) 15M 9/S5

grante Charles and by St. Marine Vacua MICHAEL LAND LAND

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Printed to the service

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Reg. Dist. No.

Chevy Chase

2. USUAL RESIDENCE (Where deceased lived, If institution) Residence before admission)
o. STATE
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town

b. COUNTY

MARYLAND

c. LENGTH OF STAY IN 16

death. Page 4

1. PLACE OF DEATH

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

uneral by the hospital or attending physician.

CTOR: After this certificate has been signed by the attending physician and campletely filled in dischard for the neither hereign permit. Then please remove carbon papers. Pages 1 and TO FUNERAL DI

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

		ORANSTITUTION	L (If not in hospital,	give street addre	11)	d. STREET A		-5		ON A FARM?
74		Julus	lan	Hospita	1	4601 I	eRussey	Pkway		YES NO
		NAME OF DECEASED	1	First	Middle	Los	OF	, Mor	nth Day	
. 19		Type or print)	H	21/		1011	ey DEAT	acce	IF UNDER 1 YEAR	19 5
	5. 9	F	6. COLOR OR RACI	WIDOWED T	DIVORCED	- /	20/6-6	9. AGE (In years lost birthdoy) yrs.	Months Days	Hours Min.
	10o	. USUAL OCCUPATION during most of working	N (Give kind of wor	k done 10b. KIND	OF BUSINESS OR II	NDUSTRY 11. BIRTHPL	ACE (Stote or foreign	country)	12. CITIZEN O	WHAT COUNTR
		nouska	4	30/		me	sleg E	nalana	1 41	7
1	13.	FATHER'S NAME	91.10	. 22			MAIDENMAME	1		
		ames/70	1110100	200000		E1	izabeth		Iress (Ulas	
/		WAS DECEASED EVER	f yes, give war or eares of	if service)	B	11	- 110.	1-17	Che	4 Chisa
		18. CAUSE OF DEAT	ma Er a la com		38-3558	VY/16/A	olich Ha	or pen	LINITE	RVAL SETWEEN
		PART I. DEAT	H WAS CAUSED BY	. /	09. (01. ond (1).)	el Th	a milone	s secur		EJ AND DEATH
		333 X	IMMEDIATE CAUSE		2 000 00		2000	7,00		
		Conditions, if an		(b)					200	
		gave rise to in cause (o), stating t	mediate (Due					1114		
		lying cause lost.)	(c)						
)	ATION	PART II. OTH	ER SIGNIFICANT CO	ONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	ASE CONDITION GIV	VEN IN PART 1(o) 15	PERFORMED?
	CERTIFIC	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEAT	H	HOW INJURY OCC	URRED. (Enter noture o	f injury in Port I or P	ort II of item 18.)		
	MEDICAL O	20c. TIME OF INJURY Hour a.m.		Year 20d. INJURY	Not while_	e. PLACE OF INJURY (foctory, street, office	Home, form, 20f. (C	ity or town)	(County)	(Stote
	¥	p. m.		lot work [7]	at work	100	2. 10/1	4	>	4 6
		21. I certify the	at lattended the	ne deceased to	- /	eath accurred at	10116		,that I last sa	
		dilve un		054	,_, and mar de	edin accorred at		(Street, city or town,		DATE SIGN
		ACTUAL SIGNATURE	04,02	· Mo	urkez	M.D. 63	06 W15	ondin	are Chy	My Ches
1	1	PHYSICIAN'S NAME (Type)	I. L. Ma	arks		6306 1	Visconsin	n Avenue	, Chevy	Chase,
	220	BURIAL, CREMATION			. NAME OF CEMETE	RY OR CREMATORY		ATION (City, town,		(Stote)
		Burial (Specify)	12/17/	1	Parklawn	Cemetery	7 Re	ockville	, Maryl	and
	22	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		DATE DEC 1 8	STRAR 245. REG	ISTRAR'S SIGNATUR	
	23.									

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	A STATE OF THE STA	RIVER	Designation and the property of

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CERTIFICATE OF DEATH

Reg. Dist. No

										Mag. Di	101. 140.		
9	PLACE OF DEATH o. COUNTY Montgomer	v		MAR	YLAND	2. USUAL RESID		ere deceased	lived. If institute b. COUNTY		nce before	odmission)	
		If outside corporate limits,	write c.	LENGTH OF STAY	IN 1b	c. CITY OR TO	OWN (If o	utside corpore	ote limits, write F	URAL ond	give neare	est town)	
	Bethesda	edresi idwnj		18 days		New Yo	ork		6	94-	3		
		TAL (If not in hospital, give				d. STREET AL					e.	IS RESIDEN	CE
-		cal Center,	Bethe	sda 14,	Md.	25 Sou	th S	treet				YES NO	
1	NAME OF DECEASED (Type or print)	First James		Middle		Townsend		4. DATE OF DEATH	Dece	ember	Doy 18.	Yeor	68
5. 5	SEX	6. COLOR OR RACE 7	- MARRIED	NEVER MARR	IED 🔽	8. DATE OF BIRTH		1	9. AGE (In years	IF UNDER	-	F UNDER 24	HRS.
	Male	White V	VIDOWED [DIVORCE	ED []	August	70.	1921	3) yrs.	Months	Days	Haurs M	lin.
	. USUAL OCCUPATION	ON (Give kind of work do	ne 10b. KIN	D OF BUSINESS	OR INDU	TRY 11. BIRTHPL	CE (Stote	or foreign co	untry)	12. CI	TIZEN OF	WHAT COU	INTRY
	Seaman	king life, even if retired)	Comm	ercial S	hinn	ind Tili	inois			11.	. S.	Α.	
	FATHER'S NAME		ООПИП	OT OTHE D	in pp.	14. MOTHER'S		IAME					
	James Town	nsend. Sr.				Clara	Pedti	ke					
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCE		CIAL SECURITY NO	D. 17. H	VEORMANT TH			RecondAdd	ress			
	No	[If yes, give war or dates of serv	330	-14-1480	T	ne Clinic					Mar	yland	
	754.5 Conditions, if o gove rise to i cause (o), stating	mmediate (ar	rative tie s	tens	emourha	co	ngeni	tel		ONSE	t AND DEA	TH
7	lying couse last.) (c)_	710110 0011										
CATION	PART II. OII	HER SIGNIFICANT CONDI	HONS CON	TRIBUTING TO DE	AIH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	/EN IN PAR		PERFORMED YES NO	7
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 21 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIB	E HOW INJURY (OCCURRE). (Enter nature of	injury in P	ort I or Part	If of item 18.)				
MEDICAL	Hour o, m. p. m.	PY Month, Doy, Year	While at work	Nat while at work	fac	CE OF INJURY (H tory, street, office	bldg., etc.)		2018	County)		itote)
	21. I certify the alive an Declar actual SIGNATURE PHYSICIANUS NAME (Type)	not I attended the dicember 18 James a. Mo	leceased , 19 58	Full		occurred of The Cl	2:25) linication	PM, from LDDRESS (Streat	the causes of th	ond on t	he date 12/1	stoted o	bove
	BURIAL, CREMATIC REMOVAL (Specify)	DN, 226. DATE THEREOF	8 2	C. NAME OF CEM	NETERY O	RCREMATORY		22d. LOCATI	ON (City, town,	or county)	, N	(Stote)	
23.7	FUNERAL DIRECTOR	s signature based) G.	ADDRESS 14	sh,	A/C		2 4 158		STRAR'S SIG		1	

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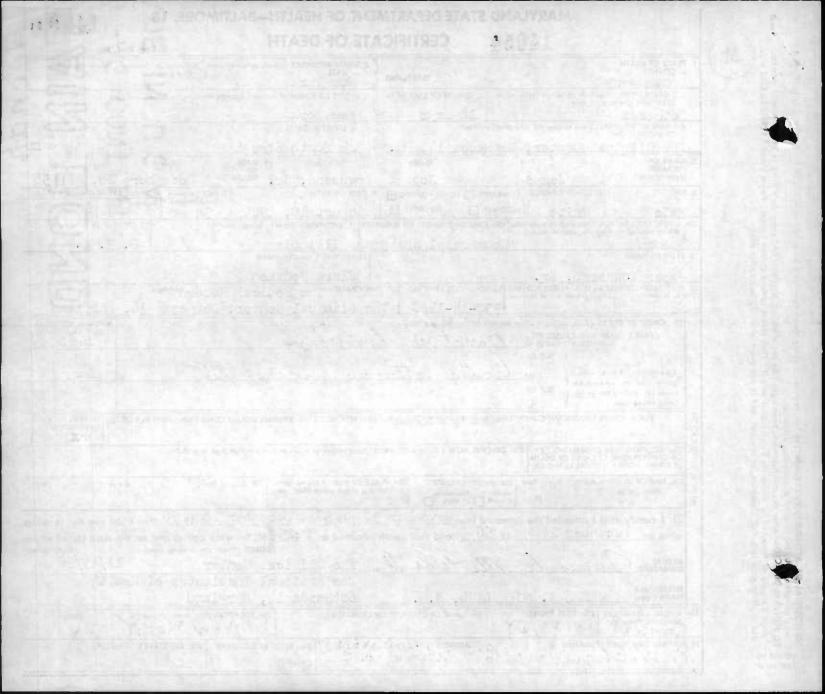
deoth: Page 4

may be retained by the hospital or attending physician.

O FUNERAL DIN CTOR: After this certificate has been signed by the attending physician and completely filled in by Funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haur

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runeral director, ould be filed with

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be retailed by the hospital or attending physician.

TO FUNERAL DIN CTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to buriol, cremation, or removal, and in any event within 72 fours given death.

VS A15 (4) 15M 10/57

	- 4	500							Keg. Di	ST. No.		
1, PLACE OF DEATH o. COUNTY Montgome:	ry		MARYL	AND	2. USUAL RES	Caro	iere deceased	l lived. If instituti b. COUNTY	on: Residen	ce before	e admissi	on)
b. CITY OR TOWN	If outside corporate limits,	write .	c. LENGTH OF STAY IN	V 1b	c. CITY OR			rote limits, write R	URAL ond	give near	rest town) V
OR INSTITUTION	TAL (If not in hospitol, given al Hospital	e street o	oddress)		d. STREET Box 1					e		DENCE FARM? NO X
3. NAME OF DECEASED (Type or print)	First Ala	n	Middle Joset	oh		ost	4. DATE OF DEATH	Mor		Day		reor 19 58
5. SEX Male	6. COLOR OR RACE 7		ED NEVER MARRIED		8. DATE OF BIR			9. AGE (In years lost birthdoy) yrs.	Months 3	Pays 6		
10a. USUAL OCCUPATI during most of wor NONE 13. FATHER'S NAME	ON (Give kind of work do king life, even if retired)	ne 10b. I	KIND OF BUSINESS OR	INDU	Sout	h Car	olina	ountry)		J.S.A		COUNTRY
Joseph M.					Mare	aret		ESIA				
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	ice)	SOCIAL SECURITY NO. None			oseph		bolinoAdd				s.c
	the under-	e per lin	e for (o), (b), and (c).] ng.estive genits Antic-	e F	heart hea	- fo	olisa	in day		S Q	man and and and and and and and and and a	DEATH
PART II. OT	HER SIGNIFICANT CONDI								EN IN PAR		PERFOR	RMED?
CONTRIBUTING	AS UNDERLYING 20 20 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESC	RIBE HOW INJURY OC	CURRE	D. (Enter noture	of injury in I	Port I or Port	11 of item 18.)				
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Year 19	20d. IN While of work	Not while	Oe. PL	ACE OF INJURY ctory, street, office	(Home, form re bldg., etc.	20f. (City	or town)	(0	County)		(Stote)
21. I certify the alive an De Cell Actual SIGNATURE PHYSICIAN'S F. NAME (Type) F.	have	lecease , 125 LCDR	8, and that a		occurred at	0130A	AM, from ADDRESS (SHE ALHOSD	7 , 1958 the causes of reet, city or town, ital, NN	and on the	last sav	e state DA	deceased above to signer 3-58
	N. 22b. DATE THEREOF	LCDR	22c. NAME OF CEMET Arlington		R CREMATORY	esua .	22d. LOCAT	ION (City, town,		ginia	(Stote)
23. PUNITAL DIRECTOR		WIS	ADDRESS consin Ave		Md.	24a. REC'I	BY REGISTI		STRAR'S SIC			
01/1/1/1/1/	1114111											

TOTAL OF The second of th

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r this certificate has been signed by the ottending physician and completely filled in by	for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with	-
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Fico	the	cremotion, or remayal, and in any event within 72 hours ofter death.
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r th	0	Crei

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DI ECTOR: After this certificate has been signed by the ottending physician and campletely filled in by franchiol director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaral, and in any event within 72 lights after death.

VS A15 (4) 15M 9/S5

	13688	CERTIFICA	IL OF DEATE	l .	Reg. Dist. No.	
1.	PLACE OF DEATH D. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	ere deceased lived. If in		e admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENG RURAL and give nearest tawn)	TH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, w	rile RURAL and give near	rest town)
t-o	AKOMA PARK, MD.	2 Loys	WASHIN	CTON, P.	.C. 47x	3
W	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ASHINGTON SANITARIUM + Ho:	SPITAL	3426 164	St. N.W.	- Apt 606	ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) NAME OF First ESTA MILT	Middle	Lost	4. DATE OF DEATH	Month Day	Yeor 3 19 JV
5.	6. COLOR OR RACE 7. MARRIED N	EVER MARRIED 8	DATE OF BIRTH	9. AGE (In y lost birthe	4	
10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF, during most of working life, even if retired) ALISTICAL WORK DEPT.	BUSINESS OR INDUST Of Defen	Α.			F WHAT COUNTRY?
	FATHER'S NAME ARTHUR TUCKER	,	14. MOTHER'S MAIDEN N	HA WI	NDOVE	2
15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SI	ECURITY NO. 17. IN 2-2706 4	Spitz/	Records	Address	
	18. CAUSE OF DEATH [Enler only one cause per line for (o),	(b), ond (c).]	01		INTE	RVAL BETWEEN ET AND DEATH
	PART I. DEATH WAS CAUSED BY:	adron	Shock		12	nour
	782.2. DUE TO	A	1		2	71
	Conditions, if any, which) (b) 19801	of the	11616			
	gove rise to immediate couse (a), stating the underlying cause lost.	icalar	Tachican	dia.		V.
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO HE TERM	NAL DISEASE CONDITIO	N OIVEN IN PART 1(0)	P. WAS AUTOPSY PERFORMED?
TY.			0			YES NO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED	. (Enter noture of injury in I	Port I or Port II of item 18	8.)	
MEDICAL		CURRED 20e. PLA foctors	CE OF INJURY (Home, farm ory, street, office bldg., etc	20f. (City or town)	(County)	(Stote)
	21. I certify that I attended the deceased fram	11-30	, 1958, to 1	2-3 19	58, that I last sa	w the deceased
	alive on 13:2:58 / 19	and that death	occurred at 5 A			
		1		ADDRESS (Street, city or		DATE SIGNED
	ACTUAL SIGNATURE CONTINUE TO .	Capa N	N.D. / GOO 1	Carroll	tie.	12-35
	PHYSICIAN'S Richard L. Clapp		Takoma	turky man	rejland	
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NA	ME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, to	own, or county)	(Stote)
	Cremation 12/5/1958 For	rt Lincol		y Prince		ounty Md
23	FUNERAL DIRECTOR'S SIGNATURE ADD	DRESS			REGISTRAR'S SIGNATUR	
100	the J. H. Hines Ca 290	91-1445	NW DATE DE	C 4 '58	arthur & Kray	4
		WASh.	D.C.			

		District Control	
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death. Page 4

CEDTIEICATE OF DEATH

	エス	000	CERTITIO		,			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Montgomery		MARYLAND	a STATE	Mary		lived. If instituti b. COUNTY		before odmi	
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write c	LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	outside corpore	ote limits, write F	RURAL and give	- N	
	Olney		1 day	×	- /	DINEY	Chevy	Chase		
OR INSTITUTION				/Conn.	AVE.	& Eas		Highwa	A ON	SIDENCE A FARM?
3. NAME OF	County Gen					Sharpor	111111	7/7/1/	1	
DECEASED (Type or print)	Fir Ma	lcolm	Middle K •	Varn		4. DATE OF DEATH	Mor 1	2	Doy 18	Year
5. SEX			NEVER MARRIED			19	P. AGE (In years	IF UNDER 1 Y	YEAR IF UNI	
Male	White	WIDOWED		11/9			P. AGE (In years lost birthday) 77 yrs.		oys Hours	
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b. KII	ND OF BUSINESS OR INC	DUSTRY 11: BIRTHP	LACE (Stote	or foreign con	untry)	12. CITIZI	EN OF WHA	T COUNT
Retired.	Attorney)		Wa	shine	ton. D	. C.	II	. S. A	
3. FATHER'S NAME				14. MOTHER'S			- 0.	0	2.	
) . Allies J HAME										
	colm K. Varn			Lol	a Von	Friede	enthahl			
15. WAS DECEASED EN	VER IN U. S. ARMED FOR		CIAL SECURITY NO. 17.	INFORMANT			Add	iress		70-10
	(If yes, give war or dates of s	ervice)		Hanston	Dago	m 2 a				
unknown				Hospital	Reco	rus				
18. CAUSE OF D	EATH [Enter only one co	use per line i	for (a), (b), and (c).]		-	11	-1-11	•	INTERVALE	BETWEEN
PART I. D	EATH WAS CAUSED BY:	1	7	0-1100	de a	128	1/1/	14	ONSET AN	DEATH
ranx	IMMEDIATE CAUSE (o		ano.	The Color	400	1100	-co per	1	OLY	219
15731	DUE TO							170,000		
Conditions, if	any which)	11.		.011					166	
gave rise to	immediate		unom	WILL CO	<u>.</u>				77	
cause (o), statin		n.	. 0. 1 . 5					100		
lying cause las	t. (c	, /4	phrili	1-						
PART II. O	THER SIGNIFICANT CON	DITIONS COL	NTRIBUTING TO DEATH B	UT NOT RELATED TO) THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	ORMED?
3 10000	-d	a	coull	an					YES] NO [
OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCUR	RED. (Enter noture of	of injury in I	Port I or Part	Il of item 1B.)			
20c. TIME OF INJU	JRY Month, Doy, Yes	or 20d INJU	JRY OCCURRED 20e.	PLACE OF INJURY	(Home, farm	20f. (City	or town)	ICo.	unty)	(Stote
Hour a.m		While		factory, street, offic	e bldg., etc	.)	o. 10,	1000	,,,	(Jioie
∑ p. m	. 19	at work	at work			1				
21 1 continu	that I ottended the	decoored	from 2111	105	7.	12115	1 10.5	that I los	. A Al	d
	indi i offended me	deceosed		17.5/2_	Z, 10					
olive on	1-17/25	, 19	, ord that deo	th occurred at	1:41.	a.M., from	the couses	ond on the	date sto	ted obo
	hara	0'	1	0	,	ADDRESS (Str.	eet, city or town,	state)	0 1	DATE SIGN
ACTUAL	VVV	0		Å			Els.	(1	121
SIGNATURE	771	-	-4	_M.D.	an	- the		7	m.	1-7-1
PHYSICIAN'S						/	/	- 1		/
NAME (Type)	T. W Rind	MD		C	Sandar	Spring	-Maryl	5		
220. BURIAL, CREMAT	ION. 22b. DATE THEREC	E I	Me NAME OF CTARTON		KATHA A					
ESMOVAL (Specif	Y) 70 /00 /F	0	22c. NAME OF CEMETERY				ON (City, town,		(Sto	ote)
burial	12/20/5	0	Glenwood (Jemetery		Wash	ington	D.C.		
3. FUNERAL DIRECTO	R'S SIGNATURE			37		D BY REGISTR		STRAR'S SIGN	ATURE	
	Hines Co.	2901	Ilith St.	N.W.					,	
TITO DOTTO	TITITOS OO.	Mogh	inciton Of	1 /1	DATE	C 2 2 '58	1 0	itun S. M	NOINE.	

may be retained by the haspital or attending physicion.

TO FUNERAL DIN CTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 si the registror priar ta burial, cremation, or removal, and in any event within 72 hours ofter death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH	
to the same in the same of the same of the same of the same of the same of the same of the same of the same of	1

FOR STATE HEALTH DEPT. ary, please far. Page our files. of Health, TO DEPUTY MECKAL EXAMINER: This certificate should be executed within 24 hours offer death. If ony deloy is ne execute the conficie, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Poge 5 may be retained that Should be lockwarded to the Chief Medical Examiner's Office along with form PM3. Poge 5 may be retained to TO FUNERAL DIRECTOR: Poge 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baar or its designated agent, prior to burial, cremation, or remayal, and in any event-within 72 hours after death. I 2

VS A15ME 6M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14043

b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest lawn) Be the sda, XXXX 2 Hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE Maryland b. COUNTY & c. CITY OR TOWN (If outside corporate limits, write RUE Patuxent River / X x	St Marys
b. CITY OR TOWN (It outside corporate limits, write RURAL and give neorest lawn) Be the sda, xixx 2 Hours	c. CITY OR TOWN (If outside corporate limits, write RUR	
Bethesda, xkxx 2 Hours		Al and give negret town!
Bethesda, xMax 2 Hours	Patuxent River /8x	ne our fire neglesi town)
the same of the sa		2
	d. STREET ADDRESS	e. IS RESIDENCE
U.S. NAMAL HOSPITAL, HEXNE	MOQ, NAS,	YES NOX
3. NAME OF First Middle DECEASED	Losi 4. DATE Month	Day Year
(Type or print) Hedwige Hedwige Irene	Via DEATH 12	31 1958
S. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED B.	DATE OF, BIRTH 9. AGE (In years IF)	UNDER TYEAR IF UNDER 24 H
Female White WIDOWED DIVORCED		onths Doys Hours Min.
0a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNT
during most of working life, even if retired)		helmini
Housewife	Canada	/USA Canadia
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
J. Albert Manseau	Isabelle Manseau	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address	
No Hos	spital Record	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	age	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	-60	
8/6X DUE TO		
Conditions, if ony, which) (b) Fracture, Skull		6 Hours
gave rise to immediate cause		
(o), noting the olderlying		
(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(A) 10 W/AS AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20d. EXTERNAL CAUSE WAS PRIMARY TO or CONTRIBUTING	THE TENTH OF THE T	PERFORMED?
		YES NO
20d. EXTERNAL CAUSE WAS PIMARY BO "CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (E. CAUSE OF DEATH.)	nter nature of injury in Part 1 or Part 11 of item 18.)	
	at was involved in head on co	ollision
	CE OF INJURY (Home, form, 20f. (City or town)	(County) (State
Haur XXX 12 31 19 58 While Not while of work High	ghway Leonardtown,	St Marva Md.
21. I certify that I took charge of the remains described about		
		nquiry K, and in r
opinian death resulted from: Natural causes [], Accident	. Suicide , Homicide , Undetermi	ined monner
4 1 0		DATE SIGNED
	M D CHIEF MEDICAL EXAMINER	DAIR SIGNED
SIGNATURE - Stand y - Broschout		
SIGNATURE THE SAUTHOUS	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S		12-31-58
EXAMINER'S NAME (Type)Frank J. Broschart	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	12-31-58 (Slate)
EXAMINER'S NAME (Type)Frank J. Broschart	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER COLOR (City, town, or co	

1-4-1 - 1-1-1 255, 735, 73 - 0 1 2 12 2 REPORT OF THE PARTY CAR OF market with the court of the co

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BURIAL

story, please stor. Page your files.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14044

14058	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

	14	1058	MEDICA	L EXAMIN	ER'S	CERTIFICA	TE OF	DEATH	Reg. Dist.	. No.
	LACE OF DEATH	4			2	. USUAL RESIDENCE	(Where decease			e before admissian)
		Montgo	may	MARY	LAND	o. STATE	Vew 4	ok COUNT	7	
b	. CITY OR TOWN I	If outside corporate limits	, write EURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If autside corpo	orate limits, write	RURAL and g	ive neorest lown)
	Silve	in Spr	wy	2/2 wto	-	ne	· Non	k	69	x - 3
C	. NAME OF HOSPI	TAL OR INSTITUTIO	N Uf not in hos	pital, give street addres	15)	d. STREET ADDRESS	(e. IS RESIDENCE ON A FARM?
		mir. B	lvd.	2		610 W	1632	of st		YES NO
3,	NAME OF DECEASED		First	Middle	,	Last	4. DATE OF	Month		Day Yeor
	Type or print)	mo	vris		Unc	tor	DEATH	12-	2.3	1958
5. 9	EX	6. COLOR OR RA	CE 7. MARRIE	ED NEVER MARRIE	D 8. D/	ATE OF BIRTH	5	9. AGE (In years lest birthday)	IF UNDER TY	
	male	white	- WIDOWE	D DIVORCED	0 6	- 2-18	82	7 / yrs.	Months Da	ys Hours Min.
10o	USUAL OCCUPATI	ION (Give kind of wing life, even if retir	ark done 10b. K	CIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Slat	te ar foreign co	untry)	12. CITIZE	N OF WHAT COUNTRY?
	1-1	and the	Indi	ustrial bru	shes	Roma			10	1-S.C.
13.	FATHER'S NAME				14	MOTHER'S MAIDEN	NAME			2 3. 0
	Annak	now				aluky				
15.		VER IN U. S. ARMED		SOCIAL SECURITY NO.	17. INFO			Address		
[78]	no	(If yes, give wor or dat	11	0-07-3300	Ri	to Donot	ine (da	mxter)	Ster	_ /
	18. CAUSE OF DEA	ATH [Enter only one	cause per line	for (o), (b), ond (c).]		1		1		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEA	TH WAS CAUSED B		mary	Accel	ision				Found dead
	4201	DUE		7	0000					John aury
	Candilians, if		(b)	(- Kingri
	gove rise to imme	ediate cause								
10	(o), stating the	underlying	(c)							
Z	PART II. OT	HER SIGNIFICANT		ONTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART I	di 19. WAS ALITOPSY
ATIC			04-0		-					PERFORMED?
FFC	200. EXTERNAL CA	USE WAS	20b. DESCRIBE	E HOW INJURY OCCUR	RED (Fnler	nature of injury in Pa	ort I or Part II o	f item 18)		YES NO D
CERTIFICATION	PRIMARY or CO	INTRIBUTING [on	. nem to.,		
	20c. TIME OF INJU	JRY Manth, Day,	Yeor 20d. I	INJURY OCCURRED 2	De. PLACE (OF INJURY (Home, for	m 1206 (City e	or fown)	(Caunty	451-4-1
MEDICAL	Hour a.m.		While		foctory,	street, affice bldg., et	lc.)	or rown,	(Cdom)	(State)
	21. I certify t	hot I took cho	rge of the r	remains described	d above	held on Autop	sv 🗖. Ins	pection .	Inquiry	, and in my
		resulted from:		press	dent [],		Homicide		rmined mo	
	ACTUAL (2- 1	0							DATE SIGNED
	SIGNATURE	sanh y	1 /m	whent	M	.D. CHIEF MEDICAL I	The second second			/
	EXAMINER'S	- 0				ASSISTANT MEDIC	CAL EXAMINER	0 /2	- 23-	150
-	NAME (Type)	FLANK	V. 131	Loschart		DEPUTY MEDICAL	L EXAMINER			9

SILVER SPRING, MD.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

arthur & Kross

10 DEPUTY NECCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is, execute the 1 ficate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funera, 4 should be 15 worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

A CONTRACTOR OF THE PROPERTY O

CERTIFICATE OF DEATH

Reg. Dist. No. 215

Caroline Louise Wabble Obath December 5 1958						The second secon				-	
Bethesda (Rura) 1 day Spotsylvania 3 x - 3 2 d. NAME OF HOSPITAL (II not in hospitol, give street oddress) 2 d. STREET ADDRESS BOX 102, Rt. 2 8 0.0 COLOR OR RACE 1 Day Year 1 Day College On Country Indices 1 Day Year 1 Day College On Country Indices 1 Day	o. COUNTY	У		MARY	LAND	2. USUAL RESIDENCE (WH a. STATE Virginia	nere deceased		on: Resident	ce before ad	Imission)
Bethesda (Rural) I day JAMAC DE HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION U. S. Naval Hospital Box 102, Rt. 2 Month Day Vest No Section of Read (Type or print) Louise WABBLE DEATH DEATH DEATH DEATH DEATH December 5 1958 Box 102, Rt. 2 Wabble DEATH December 5 1958 Box 102, Rt. 2 Wabble DEATH December 5 1958 Sex. A. COLOR OR RACE MARRIED NEVER MARRIED DATE of BRIEN DEATH December 5 1958 Female Caucasian Widowed Divorced Divorced DATE of BRIEN December 5 1958 Pemale Caucasian Widowed Divorced Divorced Divorced Date of Brien Part Months Doys Hours Months Doys	b. CITY OR TOWN (If outside corporate limits	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	outside corpoi	rote limits, write R	URAL ond g	give nearest	town)
OR INSTITUTION U. S. Navel Hospital Box 102, Rt. 2 Solve From 1 Louise Wabbile Wabbile Death December 5 1958 SEX SEX G. COLOR OR RACE Death Caucasian Widowed Downore			ш	1 day		Spotsylvani	a	8	33x	-3	
U. S. Naval Hospital NAME OF STATE IN CATOLINE LOUISE SEX CAUCASIAN CAUCASIAN NOONED DOV RECE CAUCASIAN NOONED DIVER MARRIED NOTE OF BIRTH CAUCASIAN NOONED DIVER MARRIED DIVIDER MARRIED DIVIDER MARRIED DIVIDER MARRIED DIVIDER MA	d. NAME OF HOSPI	TAL (If not in hospital, gi	ve street	oddress)		d. STREET ADDRESS				e. IS	RESIDENCE
DECRASED (Type or print) CAYOLINE LOUISE WABBLE DEATH December 5 1958 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12-3-85 CAUCASIAN WIDOWEDS DIVORCED 12-3-85 DIVORCED 12-3-85 MERCH Months Doys Mours Min. MOUSE WIFE DIVORCED 12-3-85 MESS Months Doys Mours Min. MOUSEWIFE MARRIED 12-3-85 MABSS. 12. CITIZEN OF WHAT COUNT MOUSE WIFE DOYS MADE IN MOUSE WIFE DOYS MADE IN MOUSE WIFE DOYS MADE IN MOUSE WIFE DOYS MADE IN MOUSE WIFE DOYS MADE IN MOUSE WIFE DOYS MADE IN MOUSE WIFE DOYS MADE IN MOUSE WIFE DOYS MADE IN MOUSE WIFE DOYS MADE IN MOUSE WIFE DOYS MADE IN MOUSE WIFE DEATH (Enter only one course per line for (o), (b), and (c).) MAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO NO NO (S-I-L) Mrs. Grace E. Walsh, Schenectady, N.Y. 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: MADE IN MOUSE CAUSE OF MADE IN MOUSE WIFE DOYS MADE IN MOUSE WIFE WAS DECRASED WIFE TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 19. WAS AUTOPS FEMOMENTS OF MADE IN MOUSE WIFE DOESN'S MADE IN MOUSE WIFE DOESN'S WAS DECRASED WIFE DOESN'S WAS DECRASED WIFE WIFE DOESN'S WAS DECRASED WIFE WIFE DOESN'S WAS DECRASED WIFE WIFE DOESN'S WAS DECRASED WIFE WIFE DOESN'S WAS DECRASED WIFE WIFE DOESN'S WAS DECRASED WIFE WIFE DOESN'S WAS DECRASED WIFE WIFE DOESN'S WAS DECRASED WIFE WIFE WAS AUTOPS WA		al Hospital				Box 102, Rt	. 2		-5-100		
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DIVORCED 12-3-85 Caucasian Widowed Divorced 12-3-85 To year Moonths Doys Hours Min. Doys Hours Min. Doys Hours Min. Doys Hours Min. Mass									1 VEAP IS II		
HOUSEWITE JAMES WHITE JAMES WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. JAMES WHITE JAMES WAS AUGUST JAMES WHITE JAMES WH	Female							lost birthdoy)			
HOUSEWITE James WHITE S. WAS DECASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (S-I-L)MTS. Grace E. Walsh, Schenectady, N.Y. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Localization of the second of the couse (o), stoling line under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS PERFORMED? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS PERFORMED? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS PERFORMED? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS PERFORMED? 20a. ACCIDENT WAS UNDERLYING OR COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS PERFORMED? 20a. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while Office bidg., etc.) 21. I certify that I attended the deceased fram December 4, 1958, to December 5, 1958, that I last saw the deceased of work of office work of work of office bidg., etc.) 21. I certify that I attended the deceased fram December 4, 1958, to December 5, 1958, that I last saw the deceased of work of office work of work of work of office bidg., etc.) 22. IT I certify that I attended the deceased fram December 4, 1958, to December 5, 1958, that I last saw the deceased of work of work of office work of wo	10a. USUAL OCCUPATION	ON (Give kind of work d			R INDUS	TRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITI	ZEN OF W	HAT COUNTRY
James WHITE S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NONE (S-I-L)MTS. Grace E. Walsh, Schenectady, N.Y. 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Schedule of Line of the Conditions, if ony, which gove rise to immediate couse (o), stoting the underly lying couse (o), stoting the underly lying couse (o). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? OR CONTRIBUTING CAUSE OF DEATH WAS UNDERLYING OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? OR CONTRIBUTING CAUSE OF DEATH WHITE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? OR CONTRIBUTING CAUSE OF DEATH WHITE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? TO CONTRIBUTING CAUSE OF DEATH WHITE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? OR CONTRIBUTING CAUSE OF DEATH WHITE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? TO CONTRIBUTING CAUSE OF DEATH CONTRIBUTION CONTRIBUTION COURSED CONTRIBUTION COURSED CONTRIBUTION COURSED CONTRIBUTION COURSED CONTRIBUTION COURSED COUR						Mass.			U.	S.A.	
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19	CATIC	HER SIGNIFICANT COND	OITIONS C	CONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	PE	RFORMED?
21. I certify that I attended the deceased from December 4, 1958, to December 5, 1958, that I last saw the deceased alive an December 5, 1958, and that death accurred at 12:25PM, from the causes and an the date stated about address (Street, city or town, state) ACTUAL SIGNATURE ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ADDRESS (Street, city or town, state) DATE SIGNATURE ADDRESS (Street, city or town, state) DATE SIGNATURE ADDRESS (Street, city or town, state) DATE SIGNATURE ADDRESS (Street, city or town, state) DATE SIGNATURE ADDRESS (Street, city or town, state) PHYSICIAN'S R. F. MADING, LT, MC, USN Bethesda 14, Maryland 20. BURIAL (CEMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	THER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of injury in I	Port 1 or Port	11 of item 1B.)			
actival signature ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) R. F. MADING, LT, MC, USN Bethesda 14, Maryland 20. BURLAL CREMATION. 22b. DATE THEREOF REMOVAL (Specify) PROVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY PROVAL (Specify) (Stote)	Hour o.m.	19	While of wor	k ot work	foct	ory, street, office bldg., etc	-)				(Stote)
20. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	actual signature	ember 5 Made	_, 19.5	i8, and that	death	occurred at 12:25	PM, from ADDRESS (SH	n the causes of reet, city or town, ospital,	nd an th	ne date s	tated above
Datial 12 % Affing con Nacional Acm. Affing con, Virginia	220. BURIAL, CREMATIC	ON. 226. DATE THEREO!	F	22c. NAME OF CEME		CREMATORY	22d. LOCAT	ION (City, town, o			
3. FUNERAL DIRECTOR'S SIGNATURE A DURAT & THADDRESS & PASTALLIS, WO 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE			-								a
WHEELER & THOMPSON Funeral Dir. Fredericksburg, Dather 9 158											

deoth: Poge 4 nerol director, uld be filed with moy be retained by the hospital or attending physician.

TO FUNERAL DIN CTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours offerdedth. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL OR

VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13889 CERTIFICATE OF DEATH

Reg. Dist. No

	Reg. Dist. 110.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE augustian deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give/nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Wash. Sant.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9622- Dilston Rd. Sil Sp. Md yes No DY
3. NAME OF First Middle OF DECEASED (Type or print) Marian Tatham Walaity	Lost 4. DATE Month Day Year OF DEATH 12 - 28 19 38
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 1 - 6 - 18 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	PUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Amer.
Samuel Tather	14. MOTHER'S MAJGEN NAME Marie Connor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (IF yes, give wor or dates of service)	Hospital Record Address
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying couse lost. (c)	Cylinder Muladace 1/3 gr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \subseteq \)
	RED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from fan. alive an	1958 to Sec. 28, 195, that I last saw the deceased the accurred at 110 P.M. from the causes and on the date stated above ADDRESS (Street, city or lown, store). ADDRESS (Street, city or lown, store). ADDRESS (Street, city or lown, store). ADDRESS (Street, city or lown, store).
PHYSICIAN'S Herman L Slate	3260- Wilson Blvd Arlington, Va.
220. BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OF SEMOVAL (SOPCIFY) 12-31-58 CELAR HIL	OR CREMATORY 22d. LOCATION (City town or county) (Stole)
23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 466-FUNERAL HOME 300. 4 TH. ST	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 3 1 '58 Outland S. Krana.

funeral director, ould be filed with er death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of may be retained by the hospital or attending physician.

TO FUNERAL DIN CTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shifther registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

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of manufacture and	L-GRANGED STADRINGS VICENTIAN CARE CROSSONS-

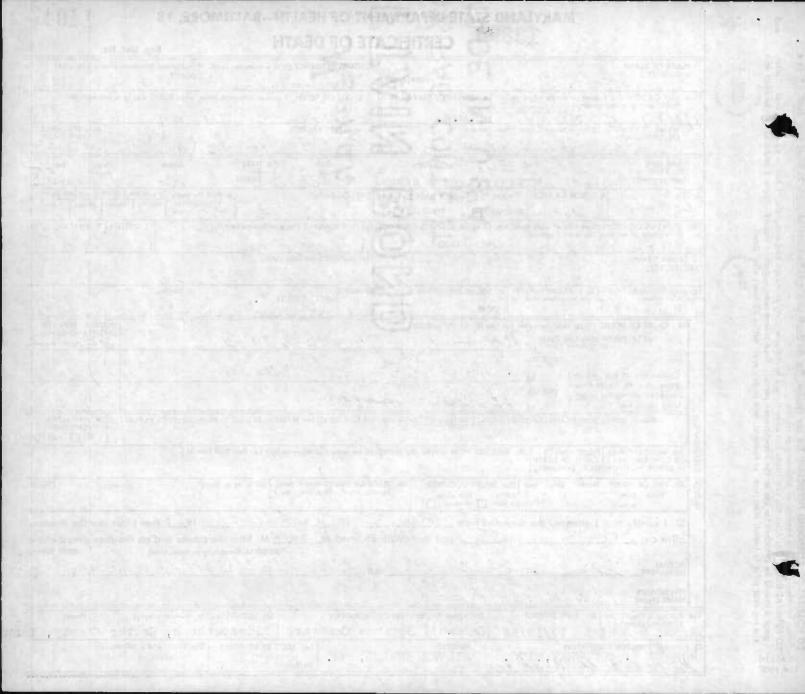
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		CERTIFICA	IE OF DEATE		Reg. Dist. No.	
о. (MARYLAND NGTH OF STAY IN 16	mary!	b. COUNT b. COUNT butside corporate limits, write	monta	meri
18	RURAL and give neorest town) Takoma I Park A DEFINACY D. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION Wash. Sant Ho	5D,	d. STREET ADDRESS	Sprin Japona Dr	CY) CY ON	SIDENCE A FARM?
DEC	ME OF CEASED pe or print) M / S . XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Middle FAYE	watsor	4. DATE Mo OF DEATH	onth Day 2 15	Year 1958
5. SEX	6. COLOR OR RACE 7. MARRIED [] Who wildowed []	NEVER MARRIED B. DIVORCED	DATE OF BIRTH 12-15-	9. AGE (In years last birthday) 5 yrs	Months Days Hours	DER 24 HRS. Min.
10a. U di	SUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Hause, Wiles	of Business or Industri home	RY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHA	T COUNTRY?
	THER'S NAME NOWN Shellield, Mr		Marth	(0)	The state of the s	
(Yes. no	AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17. INF	ORMANT Benjamir		dress 8105 Tay	honai
6	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under: ying couse lost. (c)	onary from fry	Thromb selver	osis	1yz	DEATH
₩ O	R CONTRIBUTING CAUSE OF DEATH			NAL DISEASE CONDITION G	PERF	AUTOPSY ORMED?
	c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY While of work	OCCURRED 20e. PLAC	E OF INJURY (Home, form ry, street, office bldg., etc	, 20f. (City or town)	(County)	(Stote)
a	1. I certify, that I attended the deceased for live on 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			M, from the causes ADDRESS (Street, city or town		
PI	AYSICIAN'S AME (Type) / RWIN J. YA	GER	V			
220. BI	FMOVAL (Specify)	NAME OF CEMETERY OR I	crematory gs Cemetery	22d. LOCATION (City, town, Elizabethton	or county) (Sto	•
WA	NERAL DIRECTOR'S SIGNATURE RNER E. PUMPHREY, INC.	ADDRESS SILVER SPRIN	G, MD. 240. REC'		ISTRAR'S SIGNATURE Thun & Phana	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRK TOR: After this certificate has been signed by the attending physician and campletely filled in by the manual director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. VS A1S (4) 1SM 10/57



FOR STATE HEALTH DEPT.

A cessory, please the confiles. Board of Health, H

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TO DEPUTY MAY ALE EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is ressected the conficate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained in TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board as its designated agent, prior to barrial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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14048 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14060

Pen.	Dist.	No.	

- 12									-	
1	. PLACE OF DEATH o. COUNTY MONTGOI	MERV		MARYLAND	2. USUAL RESI	VIRGINIA	ed lived. If institu			
-	b. CITY OR TOWN IN	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR I		porole limits, write			
	and give nearest town)	SPRING			c. CITY OR TOWN (If oulside corporate limits, write RURAL and give neorest lown) PETERSBURG 3 × - 3					
1			f not in ho	spital, give street address)	d. STREET AL		3	0 0 1		e. IS RESIDENCE
1	11.218		STR	spitol, give street oddress)	CENTRE	HILL APTS.	APT. #	51		YES NO X
-	3. NAME OF	Fire		Middle	Lost	4. DATE	Mont		Day	Yeor
	(Type or print)	SUTILLA LO				OF DEATH	DECEMBE			19 58
1	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED			9. AGE [In years lost birthday]			IF UNDER 24 HRS.
	FEMALE	WHITE	WIDOWE	D DIVORCED	OCT. 22,	, 1904	54 yrs.	Months	Days	Hours Min.
I	100. USUAL OCCUPATIO during most of working	N (Give kind of work of life, even if retired)	done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLA	CE (State or foreign o	ountry)	12. CITIZ	EN OF	WHAT COUNTRY?
	HOUSEWIFE			OWN HOME	VIRGI	NIA		U.	S.	Α.
1	13. FATHER'S NAME				14. MOTHER'S A	MAIDEN NAME				
L	WILLIAM H	ENRY HEATH			CLEOR	RA D. HOUST	E			
	15. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	NFORMANT		Address			
	NO			30-18-6419 RO	BERT O. V	VEBB. PETE	RSBURG. Y	ZA.		
F	18. CAUSE OF DEAT	H [Enter only one cou	se per line							AL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:		Cerebral vascu	lar accid	lent				minutes
	331×	DUE TO								
	Conditions, if on									
1	gove rise to immed (o), stoting the u								177	
	couse fost.) (c)								
	PART II, OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEAS	E CONDITION GIV	VEN IN PART	1(0) 19.	. WAS AUTOPSY PERFORMED?
	3 260X		diab	etes for sever	al years				YI	ES NO TO
	PART II. OTH 200. EXTERNAL CAU PRIMARY 0 or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIE	BE HOW INJURY OCCURRED. (Enter nature of inju	ary in Port I or Port II	of item 18.)			
	3 20c. TIME OF INJUR	Y Month, Day, Yes	or 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (H	ome, form, 20f. (City	or town)	(Cour	nly)	(Slote)
	20c. TIME OF INJUR Hour o. m. p. m.	19		ork of work	ory, street, office I					
	21. I certify th	at I took charge	of the	remains described abo	ve, held an	Autapsy 🔲, li	nspection X	Inquiry	D	and in my
	opinion death i	resulted fram: 1	Vatural	causes X, Accident	, Suicide	, Hamicide	, Undete	rmined m	anner	
1	ACTUAL S	2	2	.1	CUIES UE	DICH EVALUATE C				DATE SIGNED
	SIGNATURE	rante	120	orchart	M.D.	DICAL EXAMINER		DEC	20	3050
1	EXAMINER'S					IT MEDICAL EXAMINE		DEG.	29,	, 1958
-		RANK J. BR				MEDICAL EXAMINER				
	220. BURIAL, CREMATION BURIAL (Specify)	1/2/58)F	SOUTHLAWN MEM.			TION (City, town, TERSBURG			(Slote)
	23 FUNERAL DIRECTOR	SIGNATURE Y . T	NC.	ADDRESS		24a. REC'D BY REGIST	RAR 24b. REGI	STRAR'S SIGI	NATURE	
	Raymond	a. Bisks		SILVER SPRIM	G, MU.	DATS FC 3 1 '58	art	hua S. A	mora	
D.		0								

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14050

	14	062	CERT	IFICA	ATE OF D	EATH			Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY Montgo	merv		MAR	YLAND	2. USUAL RESID	ence (whe	re deceased	b. COUNTY	Mont			ilon)
b. CITY OR TOWN If of RURAL and give neore Bethesda	utside corporate limi	ls, write	c. LENGTH OF STAY	IN 16	Glen E		tside corpore	ote limits, write f	URAL ond	give nea	irest town	n)
Suburban	(If not in hospital, g Hospital	ive street	oddress)		14 Obe		Avenu	ıe				SIDENCE FARM? NO X
3. NAME OF DECEASED (Type or print)	ARIEL J	enki	Middle [NS		NER lost		4. DATE OF DEATH	Dec. 2		958	,	Yeor 19
5. SEX Female	White	7. MARR	DIVORCE		8. DATE OF BIRTH July 11,			O AGE (In years lost birthday) O yrs.	Months	Pay's	IF UNDI Hours	ER 24 HRS. Min.
duffig most of walter	(Give kind of work of life, even if retired		NIND OF BUSINESS O			ce (Stole o		entry)		US	F WHAT	COUNTRY
13. FATHER'S NAME XINDERS NAME XINDERS NAME	Everard	Fisl	ner		Consta							
15. WAS DECEASED EVER II	N U. S. ARMED FOR yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO 7-09-3634	BG1a	nformant adys E. 1	Kenn	edy-It	em # 2	ress			
18. CAUSE OF DEATH		use per lir			re Hed	AF	arles	e			RVAL BE	
Conditions, if ony,)	Carren	mi	~ 2	len	ng			1	40	
couse (o), stating the fying couse lost.					0		0					
CATK		DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o) 15	PERFO	AUTOPSY PRMED?
	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	OCCURRE	D. (Enter noture of	injury in Po	ort I or Port	II of item 18.)				
ZOC. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	20d. It While of worl	NJURY OCCURRED Not while t of wark	20e. PL/ foo	ACE OF INJURY (H ctory, street, office	ame, form, bldg., etc.)	20f. (City	or town)		(County)		(Stole)
21. I certify that alive an Dec	1 attended the	decease			57, 19 accurred at_		M, fram		and an		te state	
ACTUAL SIGNATURE	enged	lia	yu.		M.D. 10	511	Sur	mith	he		12/	122/
MARIE (Type)	orge Sthaq					Cour	nyti	no n	ad			
BUILD (Specify)	12/26/5	8		Chu	r crematory urch Cen		Poton	on (City, town,			(Stol	e)
23. FUNERAL DIRECTOR'S S Robert A. P	umphrey	-Bet	hesda, Md				BY REGISTR		STRAR'S SI			

may be retain by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 state registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL VS A15 (4) 15M 9/55

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	AND SECTION	Danish Charte	stanta etama
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			A CONTRACTOR OF THE STREET OF
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			mus sylved temp
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			Period A. Lamparage

funeral director,

may be retain by the haspital or attending physician.

Where the property of the haspital or attending physician on the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifter the registrar prior to burial, cremation, or remayal, and in any event within 72 hadrs after death.

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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P. P.

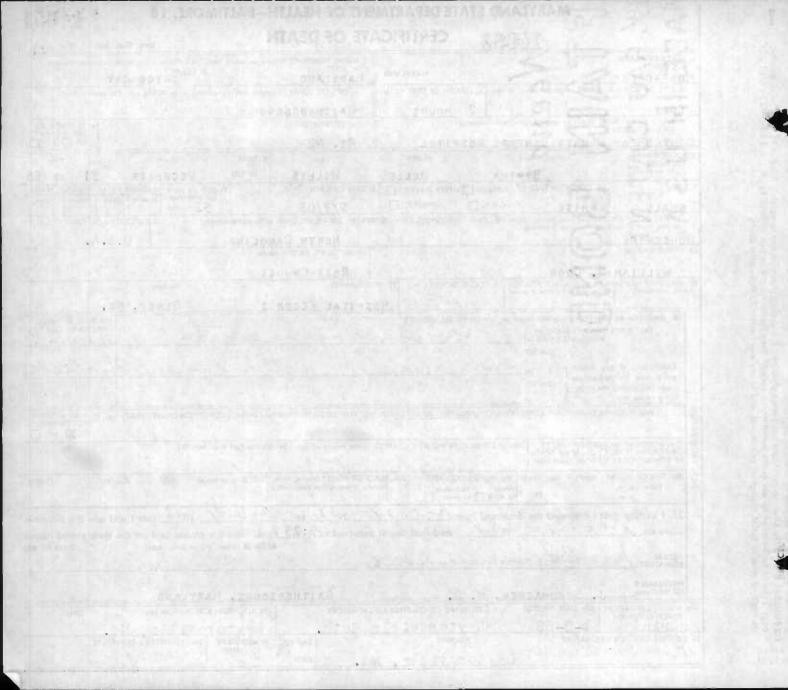
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14051

CERTIFICATE OF DEATH 14063

Reg. D	int	No

			- V	<u> </u>							
1. PLACE OF DEATH o. COUNTY				MARYLAND	O. STATE		here deceased	lived. If institut b. CQUNTY	on: Reside	ence before	odmission)
b. CITY OR TOWN		ote limits	write	c. LENGTH OF STAY IN 16	MARYL				TGOM		
RURAL and give i	neorest town)	010 11111111	,		111			ote limits, write I	UKAL onc	give neares	f fown)
d. NAME OF HOSP	ITAL (If not in ho	toital aiv	o street	20 HOURS		HERSBU	RG				
OR INSTITUTION	l	spilai, giv	e sireer	oddressj	/ d. STREET	ADDRESS					ON A FARM?
MONTGOMERY	COUNTY	GENE	RAL	HOSPITAL	RT.	#2				Y	ES NO
3. NAME OF DECEASED		First		Middle	L	ost	4. DATE OF	Moi	ith	Day	Yeor
(Type or print)			AHTS	BELLE	Wil	LLIS	DEATH	DECE	MBER	31	19 58
S. SEX	6. COLOR OR	RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIR	RTH		9. AGE (In years			UNDER 24 HRS
FEMALE	WHITE	1	WIDOWI	ED DIVORCED	9/7	/06	100	lost birthday) 52 yrs.	Months	Doys H	lours Min.
10a. USUAL OCCUPATI	ON (Give kind o	f work do	ne 10b.	KIND OF BUSINESS OR IND			or foreign co	untry)	12. C	ITIZEN OF V	WHAT COUNTRY
HOUSEWIFE	rking life, even if	retired)			Not	TH CA	ROLINA			U.S.A.	
13. FATHER'S NAME					14. MOTHER					U.S.M.	
William	R. Cook	,									
IS. WAS DECEASED EV	ER IN U. S. ARMI	ED FORCE	ES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	E CROU	2 E	Add	rann		
(Yes, no. or unknown)	[If yes, give war or i	dates of serv	vice)	MANE				100			
LID. CAUSE OF DE	A 201			7,000	OSPITAL	RECOR	DS	01	NEY,		
	ATH LEnter only		se per lu	ne for (o), (b), and (c).]	0 , 1.	r1 ^		-			AND DEATH
	IMMEDIATE CA	USE (o)_	6.6	energy	de cu	uce	noma	losis			utly:
154X		OUE TO	N.		,		2 0		0	00	7.
Conditions, if		(b)_	Coll	acinoma	ef	1001	0 - 5	isme	id	Colan	Mank
gave rise to cause (o), stating		DUE TO			0		13 7	9			7
lying couse lost.		(c)_								1 200	,
PART II. OT	HER SIGNIFICAN	T CONDI	TIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED T	O THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 19. \	WAS AUTOPSY
PART II. OT										P	ERFORMED?
	AS UNDERLYING	□ 2·	Ob. DESC	CRIBE HOW INJURY OCCUR	ED. (Enter noture	of injury in I	Part I or Port	II of item 18.)			JAN NOL
20g. ACCIDENT W OR CONTRIBUTING	G CAUSE OF I	DEATH									
20c. TIME OF INJUI	RY Month, Do	y, Year	20d. IN	NJURY OCCURRED 20e. I	PLACE OF INJURY	(Home form	206 (City.	ns town)		16	(6)-1-1
Hour o.m.		19	While	Not while	actory, street, offi	ce bldg., etc	.) 201. (City !	or rown)		(County)	(Stote)
				k ot work	~						
21. I certify t	nat I attende	d the d	leceasi		0 , 19	_, to	du.	3/ 19/1	_,that I	last saw	the decease
alive an	Mc. 3		, 197	, and that deat	h accurred a	9:25	A.M. fram	the causes of	ind an	the date	stated abov
()	1	1	,					eet, city or town,			DATE SIGNE
ACTUAL	rike	Lip	u	madeer	MD						
PHYSICIAN'S NAME (Type)	J. SCHI	IMACH	ER.	M. D.	G	AITHER	SRURG.	MARYLAN	0		
220. BURIAL, CREMATIC	ON. 226. DATE 1			22c. NAME OF CEMETERY				ON (City, town,			(Stote)
REMOVAL (Specify Burial	1-2-	59		Laytonsvill						153	(31018)
3. PUNERAL DIRECTOR		1)		ADDRESS	re Meru	240 PEC!	D BY REGISTR	O DS VI]		CNATURE	
Koy W	- 03 ar	ber	T		262	178	N 5 5				
A			Lay	tonsville,	Md.	DATE			, CHA	thous.	



TO HOSPITAL OR

14052

14064 **CERTIFICATE OF DEATH**

Rea. Dist. No.

b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) RURAL and give negres town) A. NAME OF, HOSPITAL (If not in hospital, Rive street address) OR INSTITUTION 3. NAME OF, HOSPITAL (If not in hospital, Rive street address) OR INSTITUTION 3. NAME OF, HOSPITAL (If not in hospital, Rive street address) OR INSTITUTION 3. NAME OF, HOSPITAL (If not in hospital, Rive street address) OR INSTITUTION 3. NAME OF, HOSPITAL (If not in hospital, Rive street address) OR INSTITUTION 3. NAME OF DECEASED (Type or print) 10. SOLOR OR RACE WIDOWED DIVORCED 10. DATE OF BIRTH P. AGE (In year of life UNDER 1 YEAR IF UNDER 1 YEAR	RESIDENCE N A FARM? NOOT Yeor 19 NDER 24 HRS. Its Min.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest to RURAL and give neg	RESIDENCE N A FARM? NOOP Yeor 1955 NDER 24 HRS. Win.
d. NAME OF HOSPITAL (If not in hospital, five street oddress) OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done deprint) 101. USUAL OCCUPATION (Give kind of work done derived) 102. CITIZEN OF WHO 103. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. STREET ADDRESS 16. STREET ADDRESS 16. DATE DOAD DOAD PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DIVORCED 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO CONSTITATION ON THE STREET ADDRESS B. STREET ADDRESS B. STREET ADDRESS B. DATE OF BIRTH P. AGE (In yeors IF UNDER I YEAR IF UNDER I YEAR IF UNDER I YEAR IF UNDER I YEAR IF UNDER I YEAR IF UNDER I YEAR IF UNDER I YEAR IF UNDER I YEAR IF UNDER I YEAR I YEAR IF UNDER I YEAR Yeor 1958 NDER 24 HRS. Irs Min.	
DECEASED (Type or print) A C	1958 NDER 24 HRS. Irs Min.
10a. USUAL OCCUPATION (Give kind of work done of done done done done done done done done	Min.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO Conditions, if ony, which Reference DUE TO Conditions DUE TO DUE TO Conditions DUE TO Condit	A A
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate	
(Yes, no. or unknown) (If yes, give war or dates of service)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AT Conditions, if ony, which gove rise to immediate DUS TO ONSET AT ONSET	
Conditions, if ony, which gove rise to immediate (b) Dostruction of Urester (loss) 1+	BETWEEN NO DEATH
couse (o), stoting the under-	days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	AS AUTOPSY REFORMED?
TES YES	_
U (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m. p. m. 19 of work	(Stote)
21. I certify that I attended the deceased from Jan 3, 1957 to Dec. 16, 1958 that I last saw the alive on Dec. 13, 1958, and that death accurred at AM, from the causes and on the date sto	
ACTUAL ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole) M.D. 7600 Carrol Ale Dec. 16	DATE SIGNED
PHYSICIAN'S WIP, MCKEILLMD, Takoma Tark 12, Md	
Burial 12/19/58 know Spreguille of	istote)
23. FONERAL DIRECTOR'S SIGNATURE ADDRESS ALLOW ADDRESS	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		MARY	.AND	STATE DEP	ARTN	MENT OF	HEALTH	I—BAL	TIMORE,	18		140	5
		14	065	CERT	TIFIC	ATE OF	DEATH	1		Reg. D	Dist. No.	- A X ()	04
1. PL/ 0.	ACE OF DEATH COUNTY	TGOMERY			RYLAND	2. USUAL RES	TARYTA		d lived. If institu b. COUNT	ution: Reside			
b.		(If outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OF	The second second	443.00	prote limits, write		4 1 1 1 1 1 1 1		-1
	WESTIMO	RELAND HI		19 YEA	RS	XV	ESTMO	DRET.A	ND HIT	TS			P
d.	NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS				e.	IS RESIDEN	
		5225 ELLI	TTC	ROAD		5	5225 E	ELLIC	TT ROA	D		YES NO	
DE	ME OF CEASED pe or print)	CHAR		Midd W •		WOOLN	ost IOUGH	4. DATE OF DEATH		onth 2	Day 3	Yeor 19	58
5. SEX	(6. COLOR OR RACE	7. MARI	RIED NEVER MAR	RIED 🔲	B. DATE OF BIR	ТН		9. AGE (In year lost birthdoy			F UNDER 24	
	Male	White	WIDOW			MARCH	21st	•	92 yr		Days	Hours M	Vin.
10o. U	USUAL OCCUPATI uring most of wo	ION (Give kind of work orking life, even if retired	ione 10b.	KIND OF BUSINESS	OR IND	JSTRY 11. BIRTHI	PLACE (Stote of	or foreign c	ountry)	12. CI	ITIZEN OF	WHAT COU	INTRY
	RETIRE			U.S. GOV	r m		IASS.			T	U.S.	A .	
13. FA	THER'S NAME	WILLIAM V		NOUGH		14. MOTHER	S MAIDEN N	Agrant	SSIE F	ORRES	zm		
15. W	AS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	10. 17.	INFORMANT		0,1		ddress	J 1.		
[145, III	NO	(If yes, give wor or dates of s	ervice)			MARI	न म	WOOT	MOTIGH-	- SAI	ME.		
18	. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o), (b), ond (e	c).]				2100012		INTER	VAL BETWE	EN
		ATH WAS CAUSED BY:	Ci-	t .	d.	0.11	5	0 6	1100	. /	ONSE	T AND DEA	TH
2 9	421.0	IMMEDIATE CAUSE (o		-ar	oa	chein	1	X	1 secon	1	-	CL	-
	Conditions, if	ony which)	m	111-0	0			0			1	da.	5
1	gove rise to	immediate (101	nacy	<i>D</i>	may	1000	uen	77		-	1340	201
	couse (o), stoting		925	muil	1-0	of a	411.		. O.V)	1	400	4.1
_ =		THER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO D	EATH BU	T NOT RELATED T	O THE TERMIN	NAL DISEAS	E CONDITION O	IVEN IN PA	PT 1(a) 19	WAS AUTO	PSY
CERTIFICATION					-							PERFORMED	55
E 20	a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURR	ED. (Enter noture	of injury in P	ort I or Por	t II of item 18.)			123 🔲 140	61
E 19	R CONTRIBUTING	G CAUSE OF DEATH											
WEDICAL 20	c. TIME OF INJU Hour o. m.		While	NJURY OCCURRED Not while	20e. P	LACE OF INJURY octory, street, office	(Home, farm, ce bldg., etc.)	20f. (Cit)	or town)		(County)	(S	State)
2	1 L cortific t	hat I attended the		1	12	1045	1 1	9	2 105	Guara	Long	.1 1	
	live on_A		ueceus			2, IY.2.C	7, 10	784 7				v the deci	
10	live on		, 17		ir dear	occurred o			n the causes treet, city or tow		the dote	stated a	
AG S1	CTUAL	ohn R	0	Quel		M.D. 707			181 L		hm	17	27
	HYSICIAN'S AME (Type)	JOHN R.	DUL	I.		907	EAST	CAP	TTOL S	TREET	r w.C) SH.D.J	C_
22o. BI	URIAL, CREMATIC)		22c. NAME OF CE	METERY C	OR CREMATORY			TION (City, town	, or county)		(Stote)	
	BURLAL	12-8-58	3 -	ALBANY	RUR	AT. CEME	TERY		TERVLI	ET -	N.	7	1
	NERAL DIRECTOR	111.0	alle	ADDRESS	Wash	1. D.C.	24o. REC'D	BY REGIST		GISTRAR'S SI			
	FRANCIS	J. COZLI	NS 3	3821 14t	h. S	ST.N.W.	DATEDEC	8 '5	8 a	rthung S.	Thous		

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 After this certificate has been signed by the attending physician and campletely filled in by Juneral director, hed far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed w may be retained by the hospital or othending physicion.

TO FUNERAL DILECTOR: After this certificate has been signed by the attending physician and camplely page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. The registrar prior to buriol, cremotion, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

	MEASED STATE OF	
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		end expression and entering the
Programme Transfer		

FOR STATE HEALTH DEPT

necessary, please ector. Page your files. Boo d of Health,

N TO DEPUTY MENCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the inflicate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be retwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, I and 2 with the State Bod as its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death. I

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14066 Reg. Disf. No.

	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	Montgomery MARYLAND	o. STATE b. COUNTY							
	b. CITY OR TOWN (If auguste carporate himits write RURAL ond give pages) fown]	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	,						
	alluey 8 mo	Syracus 61X-3							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDEN ON A FAR	M?						
	mooke nove Jourdation	1 mburun YES NO	D						
	3. NAME OF DECEASED (Type or print)	Lost J. DATE Month Doy Yeor OF DEATH / 2 4 7/ 10							
1	5. SEX COLOR OR RACE 7. MARRIED DEVER MARRIED 8.	12-7-18	HRS.						
	Marke WIDOWED D V DIVORCED	30-10-1876 87 yrs. Months Doys Hours Min.							
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT during most of working life, even if retired)								
	Salesman	NY n.s.a							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Jenge illnight	Such Short							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. M. (Yer, no, or unknown) (It yes, give wor or dates of privice)	IFORMANT Address							
	NOV — I	toof Records							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	INTERVAL BETWEEN ONSET AND DEATH	neri Trismillab						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cliente Carde	as facture sudde	u						
	1/17 X DUE TO								
	Conditions, if ony, which gove rise to immediate couse	relate with metastissis month	1						
	(o), stating the underlying DUE TO								
	couse lost. (c).	OV OF LYPE TO THE TOTAL PROPERTY.							
	FAKE II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED?	2						
	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of item for.)								
1	PRIMARY OF CONTRIBUTING 1 902.7	ner notice of injury in Part I or Port II of Hem/78.7							
		E OF INJURY (Home, form, 20f. (City or town) (County) (Stater, affice bldg., etc.)	le)						
	Hour o. m. While Not while of work of work	ry, sneet, office bidg., etc.)							
	21. I certify that I took charge of the remains described about	ve, held an Autopsy 🔲, Inspection 🔣, Inquiry 🔀, ond in	my						
	opinion death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined monner							
	2 2 2								
	SIGNATURE Trains J. Broschart	_M.D. CHIEF MEDICAL EXAMINER [
,	EXAMINER'S FLANK J. BLOSCHERT	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D 12-4-58							
	220. BURHAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	100							
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Massens, New fork							
	Tanks of the Old Off	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
	I was unter forme- consulty	VUC DATE							

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ed within 24 hours after death. Page 4	director,
r death.	funeral
ours offe	in by he
ithin 24 h	pletely filled in by he funeral director,
3	plete

M TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute may be retained by the haspital or attending physician.

TO FUNERAL WRETOR: After this certificate has been signed by the attending physician and compage 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pape the registrar prior to burial, cremation, or remayal, and in any event within 72 hours, after death.

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1	S 5N	A15	5 (4	()

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14067 CERTIFICATE OF DEATH

~ 2 0			Reg. Dist. 140.				
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where deceded on STATE	sed lived. If Institutions Residence before admission) b. COUNTY				
Montgomery	MARYLAND	Maryland Montgomery					
b. CITY OR TOWN (If autside carporate limits RURAL and give nearest town)	, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Bethesda		X Bethesda					
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		d. STREET ADDRESS	evelt Street on A FAR				
Alta Vista F			01020 001000 -				
3. NAME OF First DECEASED (Type or print) Thon		Wright 4. DATI					
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 1881	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24				
	WIDOWED DIVORCED	Sept. 3, 1891	lost birthdoy) Months Days Hours A				
10a. USUAL OCCUPATION (Give kind of work de	one 10b. KIND OF BUSINESS OR INDU		country) 12. CITIZEN OF WHAT COL				
General manager	Haberdashery	Ohio	US				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
John N. Wri	ight	Fannie	Harrison				
15. WAS DECEASED EVER IN U. S. ARMED FORCE		NEORMANT	Address				
(Yes, no, or unknown) (If yes, give wor or dates of ser	577-05-6461	Lewis Siegel-so	n-in-law-same as 2d				
18. CAUSE OF DEATH [Enter only one cou	se per line for (o) (b), and (c).]	So .	INTERVAL BETWE				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(evelal	Contolin.	1 HR				
260× DUE TO 0							
Conditions, if any, which)							
gave rise to immediate cause (a), stating the under-							
lying couse last. (c) (solders Wellitons							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
ž			PERFORMEI YES NO				
PART II. OTHER SIGNIFICANT COND 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 1 or 1					
	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (C	(County)				
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19	While Not while of work of work	ctary, street, affice bldg., etc.)	(County)				
21. I certify that Laftended the	deceased from Jun	1944 to Per	1957 that I last saw the dec				
alive an Vez 15		accurred at M fr	am the causes and an the date stated a				
\(\text{\tint{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\tex{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texit{\text{\ti}\tint{\text{\text{\text{\texi}\tint{\tiint{\texit{\texi}\tint{\ti}\tinttit{\texititt{\text{\tint}\tint{\texit{\texi}\tex{	. 17_grang indi dedili		(Street, city or town state) DATE S				
ACTUAL SIGNATURE	Janvar	M.D. FOIC L	engling on 12/17				
PHYSICIAN'S Leo I Donos	van	Bellush	12 mules				
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LO	CATION (City, town, or county) (State)				
Burial 12/19/58	Parklawn (Cemetery Rock	ville. Maryland				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY REG	ISTRAR 246. REGISTRAR'S SIGNATURE				
Robert A. Pumphrey	Bethesda, Mar	ryland DATE DEC 19	158 arthur S. Kraus				

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			A CONTRACTOR

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13891

CERTIFICATE OF DEATH

-	Dist.	No.		

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE						
Montgomery MARYLANE	B. COUNTY						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Takoma Park, Md.	Hyattsville. 16/5.2						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
Washington Sanitarium and Hospital	834 Bershire Drive. YES NO						
3. NAME OF First Middle Middle	Last 4. DATE Month Day Year						
(Type or print)	Yarmark December 11. 19 5						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED							
Male White WIDOWED DIVORCED	Dec. 11, 1958 yrs. 2 +						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR						
	Maryland America						
13. FATHER'S NAME	Maryland America						
	THE THE STORING THAT IS NOT THE						
Ronald Wesley Yarmark	Norma Louise Oats						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or unknown)	. INFORMANT Address						
no	father						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN						
PART I DEATH WAS CAUSED BY.							
IMMEDIATE CAUSE (0) Ctale Class							
761,5 DUE TO							
Conditions, if ony, which) (b) Immaturity (24 weeks)							
gove rise to immediate							
tying couse lost. (c) Premature separation of placenta 48 hours							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY							
PERFORMED?							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	YES NO 🔼						
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)							
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. While Not while of work of work	foctory, street, office bldg., etc.)						
alive on UCCII , 19 58, and that dea	oth accurred at 10 30 p.M., fram the causes and an the date stated above						
11 1 1 1 1 1 1	ADDRESS (Street, city or town, state) DATE SIGNI						
LACTUAL L.							
SIGNATURE Newton J. Mr. M.D. 6826 Biggs Rd., Hyattsville, Md.							
PHYSICIAN'S Transport T Product N D 600	6 Din - Di Washi wa						
NAME (Type) Herbert J. Friedel, M. D. 682	o Riggs Rd., Hyatts., Md.						
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)						
	Sanitarium and Hospital Takoma Park, Md.						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE						
Robert A. Hare, M. D. Washington Sanita	arium and Hospital Takona Park, Md.						
2075221XVO	DEC 1 8 58 Corthur S. France						

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 17.000

14057

	LGSBLOA				Reg. Dist. No.					
I. PLACE OF DE a. COUNTY	MONTGOMERY		MARYLANE	2. USUAL RESI	DENCE (Where	e deceased liv	b. COUNTY		NI'GOMERY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give sequest lown) SPRING d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 8303 Colesville Road					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING					
					Colesv	ille R	load		e. IS RESIDEN ON A FAR YES NO	RM?
3. NAME OF DECEASED (Type or print	GEORG		Middle SHEPHERD	YOUNG	1	OF DEATH	DEC.		Day Yeor 195819	
S. SEX MALE	Durre	7. MARRIED A	DIVORCED	B. DATE OF BIRT 12/26/80		9.	AGE (In years last birthday) 77 yrs.	Months Do	YS Hours A	HRS.
during most Cabinet	CUPATION (Give kind of work do of working life, even if retired) maker (retired	one 10b, KIND OF	BUSINESS OR INI nian Inst	oustry 11. BIRTHPI	ACE (Stote or		ry)		S.A.	JNTRY
13. FATHER'S NA LIVINGS	TON YOUNG			14. MOTHER'S	MAIDEN NA					
15. WAS DECEAS IYes, no, or unknown	SED EVER IN U. S. ARMED FORCE (If yes, give wor or dates of ser	vice)		INFORMANT Mrs. Mary	Ann Y	oung,	8303 Cc		le Rd	
PART 43 4 Condition gave rise couse (o), s lying cause	, (c).	Con	gesting	Bear	Fail	Turs			Syeau	Te 1
20a. ACCIDE OR CONTRIB	JUIING LI CAUSE OF DEATH I			UT NOT RELATED TO				EN IN PART 1(c	PERFORMEI YES NO	D?
20c. TIME OF	NOTIFY MEDICAL EXAMINER) INJURY Month, Day, Year o. m. p. m. 19		while	PLACE OF INJURY (factory, street, office	Home, form, bldg., etc.)	20f. (City or	town)	(Cour	nty) (S	State)
21. I certify that I attended the deceased from July , 1949, to Doc 11 , 1950, that I last saw the deceased alive an Doc 8 , 1958, and that death accurred at 2.200 M, from the causes and an the date stated above. ACTUAL SIGNATURE (D) BOUND DATE SIGNED SIGNATURE (D) BOUND DATE SIGNED ACTUAL SIGNATURE (D) BOUND DATE SIGNED										
PHYSICIAN'S NAME (Type	W.B.WA	RDIED	P. Pl	0 537	Boil	fant	ST. Sil	VERS	oring 1	Md
220. BURIAL, CRE REMOVAL (S BURIAL	12/15/58		JOHN'S C	OR CREMATORY ATH. CEME			OMERY C		(State) MARYLANI	D
Rayma	E. LOWLHEEL TI	NC. SIL	VER SPRIN	G, MD.	240. REC'D B	RY REGISTRAR		TRAR'S SIGNA		

uneral director, ifd be filed with death. Page 4 may be retaine the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please female carbon papers. Pages 1 and 2 the registrar priar to burial, cremation, ar remanal, and in any event within 72 haurs after death. TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL C VS A15 (4) 15M 10/57